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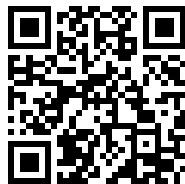
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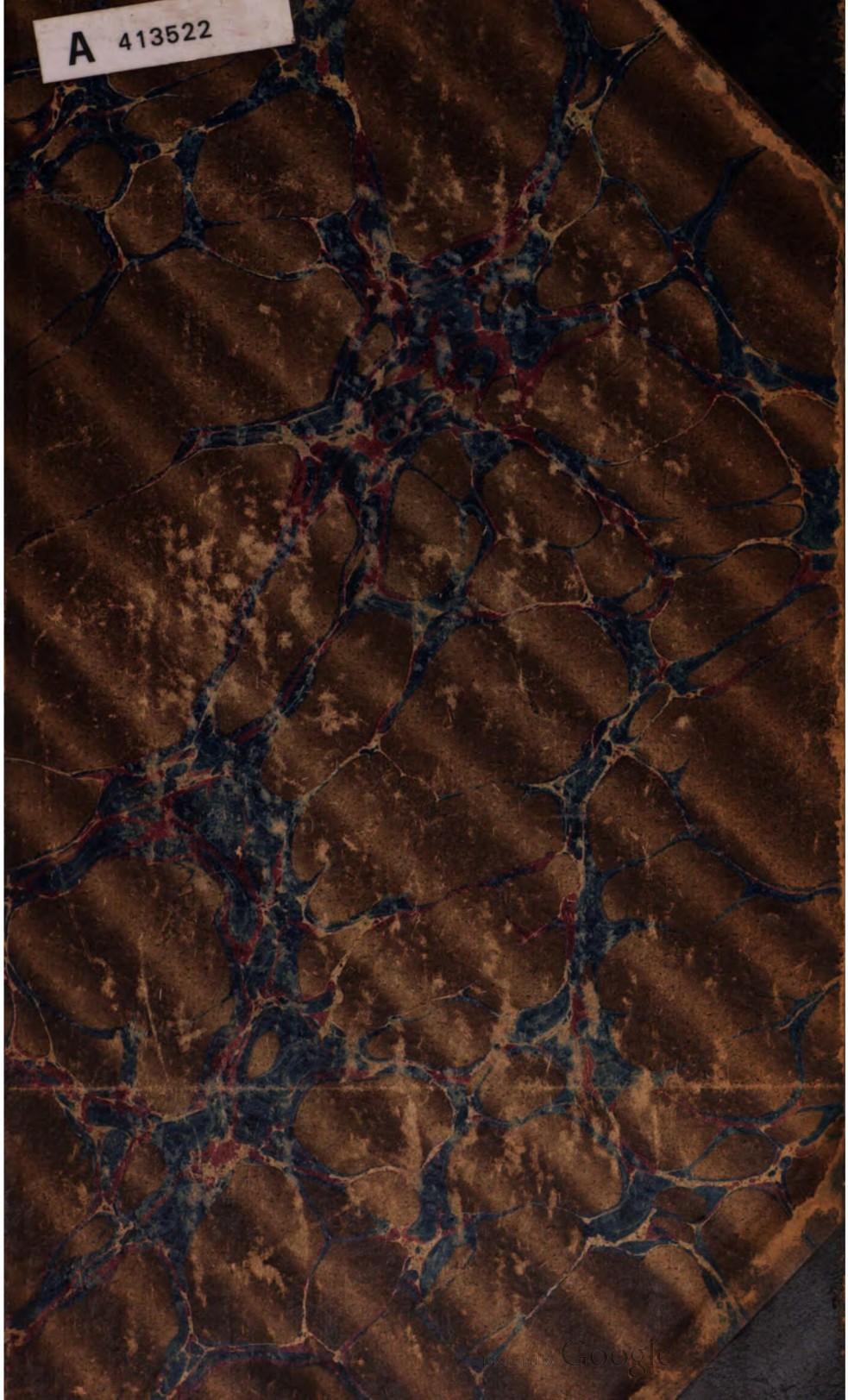
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Materia Medica.

**BERBERIS VULGARIS: HERING'S CONDENSED
MATERIA MEDICA.**

JOHN L. FERSON, M. D., PITTSBURGH.

§ 11. Taste: bitter, sometimes sour; of blood.

Tongue smarts when touched.

Slimy, furred tongue.

Painful white blisters on tip of tongue.

§ 12. Offensive metallic odor from the mouth.

Mouth and fauces dry and sticky, especially in the morning, relieved by eating.

From Hughes & Dake, the following: Bitter taste after eating. Tongue thickly coated either yellowish-brown or pasty-white; feels as if, or actually is blistered. Soreness in lower teeth and in salivary glands. Dry throat.

Other remedies having slimy furred tongue are—*Chelidonium*, *Mercurius*, *Petroleum*, *Hydrastis*, *Phosphoric acid*, *Pulsatilla*, *Psorinum*, *Jacea*.

Chelidonium has a slimy tongue with white or grey coating, similar to the slimy tongue of *Berberis*; and it has a thickly coated yellow tongue, without the brownish tinge of *Berberis*. Under *Chelidonium* the latter sort of tongue has a red margin which shows the imprint of the

teeth. Chelidonium may have a bitter taste like Berberis but has insipid or pappy taste which Berberis does not have; it lacks blisters on, and smarting of the tongue. Chelidonium has "bad odor from the mouth," odor not specifically stated; while with Berberis it is "offensively metallic." Chelidonium has "dryness of mouth." Berberis has same extending to fauces, and both are sticky, showing that the slimy condition is not confined to the tongue; and under Chelidonium there is no mention of a morning aggravation or relief after eating as in Berberis.

Phosphoric acid is mentioned in Lippe's repertory as having a slimy coating on the tongue and in Hering it reads—"Tough, clammy mucus in mouth and on tongue"—this condition is most likely to develop during typhoid conditions and is therefore not likely to be confounded with Berberis, and besides, the slime in the mouth with Berberis is not given as tough. The coating on the tongue under Phosphoric acid is whitish grey, resembling the pasty white tongue of Berberis, and may have a red streak running through center. There is smarting of the tongue with both remedies; with Berberis, when it is touched; with Phosphoric acid, only at night; mouth also smarting when masticating. There is with this condition a "dryness of mouth and throat" under Phosphoric acid, like the dry sticky condition of the same parts under Berberis. Any perversion of taste which may be present under Phosphoric acid, Hering or Farrington do not mention.

Mercurius presents a condition bearing some resemblance to Berberis, similar to its slimy, pasty white tongue is "moist tongue covered with mucus;" instead of being pasty white, it is, as if coated dirty yellow, the breath is foul. Taste with both remedies may be bitter, or with Berberis sour, while with Mercurius it may be sweetish. Mercurius does not have a taste of blood as does Berberis. Mercurius may have loss of taste, and it causes swelling of tongue, with flabbiness and salivation which serve to make the distinction between these two remedies plain.

Pulsatilla has "white or yellow tongue coated with tenacious mucus;" but aside from this superficial resemb-

lance there is no similarity. Berberis has bitter, sour, or bloody taste; Pulsatilla has foul taste, or if it is bitter, it is mostly after eating or drinking. Berberis has smarting of tongue, Pulsatilla has "burning in middle of tongue even when moist, morning and night," and scalded feeling on edges of tongue. Pulsatilla has "flow of sweetish saliva." Berberis has no increase of saliva. Pulsatilla has "putrid smell from mouth" (in catarrhs?). Berberis has "offensive metallic odor from mouth."

Psorinum has a tongue "coated white; yellow; thickly covered with whitish yellow slime," in other words, telling about the same condition as noticed under Berberis; with the latter, the appearance of the tongue is given as yellowish-brown which is darker than the yellowish-white tongue of Psorinum. Both have bitter taste, Berberis alone having besides, a sour or bloody taste; with Psorinum it goes off when eating or drinking, (the bitter taste of Pulsatilla is worse after eating or drinking). Berberis mouth while sticky from slime, feels as if dry, this extends to fauces; with Psorinum the tongue is dry, feeling as if scalded, the mouth is dry with tickling, burning and soreness, all resulting from inflammation, quite different from Berberis; the condition given under Berberis is relieved after eating, without regard to what is eaten, while the Psorinum symptoms are worse from warm food, but not at all aggravated by cold food. Berberis tongue smarts when touched. Blisters are present in the mouth with both remedies; with Berberis they are on the tip of the tongue and are white and painful; with Psorinum they are inside lower lip, painful burning. There is an offensive metallic odor from the mouth under Berberis.

Jacea so far as it goes resembles Berberis very closely.—"Taste bitter, tongue coated with white mucus, sensation of dryness, yet much saliva in the mouth." The presence of one or more symptoms of Berberis as given will decide; but if only the ones given under Jacea are present, symptoms of some other part must be considered, unless the saliva is greater in quantity than with Berberis.

Taste of blood in mouth. Other remedies having this

symptom are Ammonium c., Benzoic ac., Ferrum, Ipec., Silicea, Zinc.

Ammonium carb. may have a taste as of blood, or a bitter taste and it has painful vesicles on tongue, all of which are like Berberis; farther than this the resemblance does not go, because the mouth and gullet are red from an inflammatory condition; feel as if swollen and are dry; with Berberis the vesicles are white and are on the tip of the tongue.

Benzoic acid resembles Berberis in having a bitter, or bloody taste, and in the appearance, which is "coated with white mucus" but this condition only exists in the morning. The tongue of Berberis is only sore from blisters on its tip, while with Benzoic acid it is ulcerated, with deeply fungoid surface.

Ferrum resembles Berberis in having a taste of blood; more intense than with Berberis, being unbearable. There may be present, too, a taste as of rotten eggs. There is dryness of mouth, but it is only present in the morning and lacks the stickiness accompanying the dryness of Berberis. The tongue is coated white, but is not slimy. There is with Ferrum paleness of the mucous membranes, in contrast with Ammonium carb., and Benzoic acid.

Ipecacuanha has both a bitter, and a sweetish, bloody taste, like Berberis, and while the tongue may be white, it is more characteristically clean, and even if it is white it is not pasty or sticky as with Berberis. Instead of the dry sticky mouth of Berberis, it has an increase of saliva, smarting in mouth and on tongue.

Silicea has both a bitter and a bloody taste, but they are only present in the morning. With the bitter taste there is present thick mucus in the throat, somewhat similar to the sticky condition of mouth and fauces under Berberis; with the latter there is present at the same time a sense of dryness which Silicea lacks, and the mucus of Silicea is greatly in excess. There is also at times a taste as of rotten eggs similar to Ferrum. The tongue is not at all like that of Berberis, being coated with brownish mucus. Instead of the mouth feeling dry the saliva is copious and

runs out of the mouth. There is a sensation of a hair on forepart of the tongue.

Zincum has taste of blood, and a bitter taste, and has vesicles on the tongue, but the bitter taste is confined to the fauces, and the vesicles cover the tongue. Instead of dryness there is an increase of saliva, and a tingling inside of cheeks.

FERRUM METALLICUM.

J. T. KENT, M. D., PHILADELPHIA.

This is another of the abused drugs. All know how much Ferrum is over-used in the old school practice. It is the great tonic for anemia. That is so much the case that many girls grow up nearly broken down with an Iron cachexia.

For the debilitated stomach, for poor blood, for pallor, for pale faces, Ferrum. Iron is always recommended in compound. The old fashioned tincture of the Chloride of Iron was used until the countenance of the present generation is disfigured by the over use of Iron. We see the veins of the face as we go along the street in subjects that have been poisoned by Iron. The lower extremities are covered with varicose veins in persons who have had Iron when they were children, and as they were growing up in youth. The cachexia of Iron is marked by pallor, when in a state of quietude. The lips are very pallid; the countenance is commonly waxy and greenish; hence it is that Iron occasionally cured cases of chlorosis; it was homeopathically related to the case. Iron was given for anemia and it occasionally fitted the case and seemed to do good; but as a rule the more they gave of it the greater the debility.

This cachexia is marked by pseudo plethora. The individual seems to be plump, at times quite rosy. There is sometimes red flushing surrounded by pallor; red face, but the red face comes on under peculiar circumstances. The face that was pallid becomes red with pain, with the

cough, in the fever, in the chill. It is a rare thing to see a red face in a chill. It is one of the most peculiar characteristics of Ferrum. So that you may well construct the key-note as a grand characteristic of Ferrum: Chill, red face, and thirst. This stands out in bold relief as a Ferrum symptom. You see this in the chill in septicemia, in puerperal fever, in ague. It restricts the thirst to the cold stage, and that is peculiar of Arnica and Ignatia, and a few other medicines, which have thirst only during the chill. Ferrum has thirst only during the chill. It is natural for an individual when having a fever to be thirsty, and that symptom need hardly be taken into account in selecting a medicine; but when a patient has no thirst it is very peculiar. Is it not unnatural to see fever without thirst? But such is the case in Ferrum. Is it not just as odd to see an individual freezing and at the same time have a red face, and craving for water? That is just as peculiar.

Such peculiar and striking things we must first understand, because they are the central features of every drug, they are the things to know in a sick room.

Persons may look very strong, vigorous, and plump that are weakly; the least exertion tires them out. Exhaustion from exercise; they flush up on the slightest occasion; always blushing from the slightest excitement; the veins of the face become engorged quickly and remain engorged a long time with every pain. The face flushes with the chill. This is the peculiarity of Ferrum.

Ferrum breaks down the red globules of the blood, producing a greenish, waxy condition of the countenance wherein the lips become very pallid, and withal the face is red. Ferrum is a dangerous medicine to make use of in consumption. In tuberculous subjects it causes a predisposition to hemorrhages. Now it is very common for old broken down subjects with phthisis to be put on Iron by the old school. Nothing in the world could be more dangerous; nothing will so hasten the final result.

Ferrum predisposes the constitution to hemorrhages; we have hemorrhage from the stomach, and the rectum;

hemorrhoidal tumors that bleed; profuse menstruation; uterine hemorrhages. The menstrual flow ceases because of great weakness; frequent returns of the menstrual flow; lasts too long and is clotted; a copious bright red flow. Epistaxis.

This hemorrhagic constitution is strongly marked in Ferrum. In a large practice every doctor will have his Ferrum subjects, those that have been poisoned by Ferrum. They are always bleeding. They are hemorrhagic; are covered with varicose veins; veins standing out, distending the mucous membrane of the throat. There is great bodily exhaustion, wonderful fatigue; perspires much on the slightest exertion; copious sweating; copious morning perspiration; sweating all day with exhaustion.

A Ferrum subject will sweat day and night, and the only cessation of the sweat is when the chill is on; seems to cease just long enough to have a chill.

The temperature may run very high as it does in septic conditions, yet sweating all the time. The next day about the regular time on comes the chill and the thirst with red face; thirst only at the time of the chill. Such a peculiar state as that is worth recognition, as it is not often we have to give Ferrum in homeopathic practice.

Among the mental symptoms, those that I select as characteristic in Hering's Condensed *Materia Medica* are: Self-willed, proud, excitable, pettish, very irritable when opposed.

There are many other nervous, hysterical feelings in debilitated, nervous constitutions. Of secondary importance is the first symptom: Mind confused, muddled, with cold feet and stiff fingers.

The blood seems to determine to the head. Ferrum has its own peculiar kind of vertigo. There is hardly anything in real dizziness that is peculiar. When people are dizzy they are dizzy pretty nearly alike. The Ferrum vertigo comes on when riding on or when crossing the water; people crossing a bridge, looking up and down on the water, when riding in a skiff, or in a boat.

There are many headaches, but the most marked

feature of Ferrum is the headache in the occiput. This headache is throbbing, or a dull aching pain that increases with great intensity; likely to come on after 12 P. M.; wakes up with it after 3 A. M.

The particular feature about the Ferrum headache is that it is quite commonly associated with chest troubles, bronchitis, with dry, hacking, severe cough, and every cough is felt in the occiput. It seems as if the back of the head would fly off.

There is a sensation of an iron band, or bandage extending from ear to ear, covering the whole base of the head; the whole occiput which seems to be bound tighter and tighter. As this headache advances, < by every cough or every jar, it seems as if the head would burst when it becomes very severe.

A Ferrum patient is chilly, always wants to be well covered, plenty of clothing, and to be in a warm room. Head hot, extremities cold, also burning palms and soles; the burning palms are sometimes extremely disagreeable. In sickly, pallid, nervous females, burning of the palms with chlorosis; when the face is pallid, cold, they seem to be dry, rough and burning. Again they are perspiring. Most of the symptoms about the eyes are simply marked with common weakness that belong to the remedy.

Symptoms in the face are marked and worth studying. Face ashy pale or greenish, it becomes bright red with pain; blue rings around the eyes, which are dull, lustreless; face feels rough, swollen, spotted; yellow spots on the face. In a marked Ferrum case, when the face is sallow and pallid, the individual flushes up in spots, in patches, looking like islands in a sea of yellow. Now this is like Sepia. Sepia sometimes flushes up in patches, but in Ferrum the face becomes finally as red as a flame, just as if the red spots were creeping together. I have watched that many times in Ferrum subjects.

Aversions, nausea, vomiting, with all the symptoms relating to eating and drinking, are quite striking. Ferrum produces marked indigestion for all sorts of food. The food sours in the stomach; often remains in the stomach

without souring; is spit up hours after eating just as it was when swallowed; comes up by the mouthful; regurgitation of food (like Phosphorus); vomiting of undigested food. The vomiting of food commences soon after eating and lasts for a considerable time. Almost a total indigestion is produced by Ferrum. Ferrum gives an aversion to eggs, meat, acids, and to almost all of the common articles of food, and the taste becomes disturbed, depraved, craving for chalk and slate pencils. Like Nitric acid, the taste is wonderfully depraved.

These peculiar things are not relished by healthy people. This we find particularly in chlorosis in girls, who have menstruated very scantily for a long time or who have suppression with epistaxis or hemoptysis.

Nearly all the complaints of Ferrum are made worse by vinegar and acids. Now there is a reason for that in the wonderful simility of acids to Ferrum. We know that Acetic acid or vinegar predisposes to all sorts of hemorrhages; predisposes to the same kind of hemorrhages we find in Ferrum. Acetic acid produces a waxy, pallid, transparent countenance; so does Ferrum. Acetic acid is one of the most dangerous remedies that a consumptive can take; it predisposes to hemoptysis. Women sometimes get a craving for vinegar and it is quite likely that they will after a while suffer from uterine hemorrhages. Now when two medicines are similar they may antidote each other or quarrel, become inimical. Acetic acid and Ferrum are inimical. Ferrum produces a similar diathesis and constitution to Arsenic and it is an antidote to Arsenic. Ferrum produces a similar diathesis and general cachexia to Cinchona which it antidotes.

Ferrum is a suitable medicine, because of its antidotal relation to Quinine. Take an old case of chills with debility, and we have no reason for this red face and thirst during chill; a careless prescriber would not stop for that, he would give Quinine because it was ague. He would not stop to find out the remedy if the patient had a red face during the chill. Quinine will only suppress that chill. Ferrum ought to have been found as the remedy

that was indicated in the beginning. Ferrum is still the suitable remedy as it follows Quinine and antidotes it, and it destroys its cachexia by being similar, capable of producing a similar cachexia.

In keeping with the slow digestion—the inability of the stomach to digest food,—the food spoils in the stomach and brings on a diarrhea, and the food passes by the rectum undigested and the Ferrum patient has a lienteric diarrhea. Ferrum has quite a reputation for the cure of chronic diarrhea, with undigested stools, and is closely related to Phosphorus.

You will have to compare the Phosphorus symptoms very closely because Phosphorus is a frequently indicated remedy by its symptoms of chronic diarrhea, with undigested stools.

They both have similar disorders of the stomach; both spit up food. Regurgitations of food, going on until the food is either all spit up or perfectly digested, which goes on for several hours after eating.

We find that this remedy produces a great weakness of the female sexual organs; loss of sensation in the vagina; hemorrhage during coition (like Kreosote); dryness of the vagina; burning pain during coition. This is a symptom that is very marked in Sepia. In Ferrum there is painfulness during coition and prolapsus of the vagina.

In some cases of acute disease, symptoms of the chronic disease remain and are active during the acute disease; such chronic symptoms are peculiar because they have not disappeared, and very often are guiding to the cure of the acute disease while the remedy will have no relation to the chronic disease yet that peculiar symptom will stand out and guide you to the remedy that will cure the acute disease, such symptoms are peculiar to the patient. A fact of that kind cannot be ascertained except by extensive observation and experience.

Menses too late, long lasting and profuse; flow watery, or in lumps preceded by labor-like pains; varices in the legs, worse in the morning; intermit for two or three days, and then return. Uterus displaced; coming on with

languor, unfitting her for work; hysterical symptoms during menses.

Ferrum has its chest troubles, but the particular features must be a bronchitis, bronchial catarrhs, thick, yellowish, green expectoration with a cough and bright red face. When the cough is not present, the face becomes very pallid; the lips become pallid and waxy and the skin is generally waxy, but with the cough, with the pains, the face becomes bright red. In bleeding from the lungs, Ferrum becomes a very suitable remedy if there be no tubercle.

Ferrum is a medicine that should never be repeated, nor given in a divided dose. There are medicines that you may repeat without as much danger as would follow the repetition of Ferrum. Some medicines you can abuse, and not do permanent injury to the patient. The repetition of almost any medicine is an abuse, and Ferrum will do damage, great damage, and greater damage than many other medicines if repeated before a dose has become exhausted.

Suffocating fits in the evening in bed, with warmth of the neck, trunk; limbs cold; at the end of every fit of coughing comes suffocation. Bleeding from the lungs in the morning; bright blood, coagulated during slight cough; with interscapular pains and heavy breathing, must sit up. Such symptoms have been cured by Ferrum.

Shooting pains in the lungs; produces rheumatism, particularly in the deltoid muscles. It has produced a rheumatic pain on both sides; at different times it has enjoyed a reputation for curing better upon one side than upon the other.

Some physicians regard Ferrum as a specific for rheumatism in the left deltoid muscle; others mention it in the right deltoid muscle; but it cures on both sides; I think it has no preference. Sanguinaria particularly prefers the right deltoid. Most provers of Ferrum had rheumatism or rheumatic pains in the right deltoid. In Lippe's *Materia Medica*, he says rheumatism of the left deltoid.

Hering puts the symptom "pinching in the right deltoid" which sustains the provers; but I have cured both sides,

one as well as the other when it is manifested simply by inability to lift the arm. The arm falls to the side because of the pain; individual is unable to raise the arm.

Sanguinaria, Ferrum, Colchicum, are the remedies particularly characteristic of that one symptom. Hands cold and stiff, numb, palms hot, that is peculiarly characteristic of Ferrum. Coldness of the hands, stiff and numb, but hot on the inside; very often the strong feature of Ferrum is the burning of the palms, which are often red, while the backs of the hands are covered with a cold sweat, feet cold, numb and stiff; soles feel hot; then heat or burning of the palms and soles. Rheumatic symptoms run through Ferrum, nearly always with numbness of the feet and hands.

There are marked nervous symptoms of Ferrum. The patient is often fidgety, irritable and easily excited (like Bryonia); can lie only on the back at night. Bryonia has that in many of its abdominal complaints. Ferrum has it in sleeping. Can sleep only on the back. Can go to sleep only on the back. Great sleeplessness in this anemic pseudo plethoric constitution. Pseudo plethora runs throughout Ferrum. A patient appears to be strong and robust when she is very weakly. Every physician ought to study carefully the symptoms of Ferrum noted under chill, fever and sweat, because these stand out peculiarly and are neglected. When you have a puerperal septicemia, such as I have described, with red face during chill, red face with every abdominal pain, do not forget Ferrum. In labor, when every pain produces a bright red face, as the pain ceases the face becomes pallid, do not forget Ferrum. Shooting pains in the limbs, pains everywhere about the body, and with every pain a red face. (Every pain produces nausea, Ipecac; Sepia has the same symptom; so has Spigelia, and especially the latter when pain in the heart produces nausea, and sickness of the stomach. Uterine pains that cause vomiting, Sepia. Wandering pains; pains in the intestines; with every pain nausea and gagging, particularly gagging; worse towards evening; inclined to uncover, Ipecac).

Worse on the slightest exertion, forms the general char-

acteristic of weakness. On the slightest exertion increase of sweating. Heart beats violently at every motion that amounts to exertion, because that aggravates the Ferrum case, so great is the weakness. Debilitating sweating symptoms. The sweat is as cold as ice. Sometimes nausea and sweat with cramps after different pains; sweat stains the linen yellow; it is better on going to sleep. The patient is worse while sweating. The patient often feels dreadful while sweating.

There is one more item that you must not forget. Do not use Ferrum in the syphilitic miasm, especially in the tertiary form. In old cases, in individuals who have organic troubles as the result of syphilis, Ferrum might be indicated; but it is better that you know better than to use it, because it seems to have no syphilitic miasm; it seems to disagree with the patient. While it may remove some symptoms, it makes the patient worse, and has a tendency to bring on varicose veins that are friable and easily broken. Has a tendency to bring on ulcers and hemorrhoids.

In the gummatous formation of the brain, liver, kidney, spleen, and various parts of the body where gumma are likely to locate in the syphilitic miasm, Ferrum might be indicated, and has appeared to be indicated, but it is a dangerous medicine because it causes these gummous formations to suppurate, and causes uterine hemorrhages. If you were treating a case of syphilis with the gumma in the brain, where it is likely to be present in the latter stages of syphilis, Ferrum might produce apoplexia, because of the already friable condition of the blood vessels. Then avoid Ferrum in phthisis, in tuberculosis, in syphilis and in persons predisposed to hemorrhages and especially, *never repeat it.*

THE POTENCIES.—If you have not tried them you are not in a position to know what they will or will not do. Because I do not treat my cases the same as you do, or as Dr. Cartligh does, there is no reason to say he is wrong.—*S. B. Parsons, M. D.*

MAGNESIA PHOSPHORICA: PROVING.**H. P. HOLMES, M. D.**

Took a small powder of the 200th of Magnesia phosphorica at 10 A. M., and repeated the dose at 10:45 A. M.

At 11 A. M. aching pain in neck and back. Hard aching twinges in small of back. Sharp twinges in right hypochondrium on border of lower rib.

Smarting pain and raw feeling in left nostril.

Constrictive, aching pain around body at lower margin of ribs, as of a lameness from hard lifting. Difficult to take a deep breath on account of the lameness.

Shortness of breath, increased by walking and by being in a warm room. Desire to take repeated long breaths—a feeling as of suffocation.

Lightning-like pains shoot through the head in bi-temporal region.

Bloated abdomen after second day. Much wind in bowels, passing off freely on walking. Constantly passing wind on walking; worse evening after supper. Abdomen bloated so I have to loosen clothing, worse sitting down and better by walking about—gas passes off on walking about.

Mouth: Foul taste in the mouth in the morning. Feels as if scalded—as if I had been smoking strong, hot cigars which had burnt the mouth. Any hot food seems unusually hot to the mouth. Sour taste in the mouth on waking in the night. Mouth coated with a sticky substance that rolls up in little shreds. Bad taste. Tongue coated a dirty yellow and sticky. Feel sick and prostrated on waking up in the night.

Nervous exhaustion: Tire very easily which is unusual. Tire very easily from talking.

Sharp cutting pain in right abdominal ring as if a hernia would protrude, when sitting; better from pressing hard upon it. Sharp burning pain, a spot about an inch in diameter, under border of left scapula as from a hot iron; better from hard pressure; this lasted for several days coming on at irregular intervals.

Abdominal repletion: Sensation of fullness in the abdomen.

Generally: Full effect of the remedy developed in about thirty-six hours. Duration of action of positive symptoms, eight days. Two loose, soft stools, a yellowish brown, daily after the third day which lasted over a week—very unusual.

Proving by Miss T.: Took two powders of the 200th *Magnesia phosphorica* a half hour apart.

The second day experienced a feeling of fullness in abdomen, accompanied by accumulations of gas and passing of wind downwards. Sharp pains all through the bowels, bloating and flatulence.

Sharp pain in back of neck.

The third day was sick at stomach all day. Mouth full of water tasting like potato water.

Occasional pains in both sides of bowels. Headache on rising, better after breakfast.

Third day sick at stomach.

Dr. Kimball: I have the report of a case of dysmenorrhea that lasted for some time, in which, at each menstrual period, a membrane was discharged varying in length from one to two inches. She came to me for this trouble. The chief symptoms were that she would be taken after the flow began with these severe, sharp, shooting pains in the abdomen, low down, which were relieved by lying curled up in bed with a hot water bag on the abdomen. They would last perhaps for a day with dull aching, and either the next day or the day after a membrane would be passed.

She was in very good health with this exception. I gave her, after one of her menstrual periods, *Magnesia phos.* cm. in water, a dose night and morning for three days. The next menstruation was less painful, and the next menstrual period was painless but she passed the usual membrane, and after that the menses were perfectly painless. She had always stayed in bed before without any relief. This went on for six or eight months; then she

got her feet wet just before her menses and she received a dose dry of the same remedy in the dm. potency. It relieved her and she has had no trouble since.

Dr. Kent: A case of some interest came to me from Boston. Perhaps Dr. Bell can give us the primary history of it.

Dr. Bell: The patient is a lady in middle life, nervous temperament, a patient of Dr. Lippe's. Dr. Wesselhoeft saw her a year or more ago and for neuralgic headache gave her a dose of Magnesia phos., and she was so much relieved that he gave her to take home with her a vial of medicated pellets in case she should require it. Dr. Kent knows the rest.

Dr. Kent: This lady came into my office one day with a most violent cough, *spasmodic, face red as a flame*, from the effect of coughing; she could hardly speak long enough to tell her symptoms because her whole time was absorbed in her cough. I found she had been in Boston, and had brought home a vial filled with pellets, and I asked her how many doses she had taken. She did not know how many but it had given her so much relief, that she thought it would be still better for her to take more. I wrote to Boston asking if Magnesia phos. had been given, because the pain was relieved by pressure and heat and I knew several were investigating that remedy at the time and my suspicions rested upon Magnesia phos. She kept on coughing until I thought her head would burst and the time came when I must either make a change in treatment or lose the patient; so I had to antidote it.

The peculiarity of the cough led me to give Lachesis, which stopped the cough immediately; but she had coughed almost incessantly for three or four weeks.

Dr. H. C. Allen: Did you use any other remedy as an antidote?

Dr. Kent: No, not in this case, but I have had some trouble in antidoting Magnesia phos. I had a patient with very severe, shooting neuralgic pains during the menstrual period—most of the pains were in the stomach,—and I ascertained that they came during the menses and

lasted the first day or two. All the pains were not in the stomach but commenced in the back and came directly around and centered over the pit of the stomach, relieved by heat and pressure. I gave a dose of the 10m Magnesia phos. with entire relief, but she came to me on going out of the city a year ago and wanted a couple of powders in case those severe pains should return, and I gave her a couple of powders, 50m. She suspected that the pain was coming on and took them in water, five or six doses a few hours apart, and I had over three months fighting before antidoting their effects.

A marked symptom was developed a month after taking the powders, sufficient to drive her home—a tenderness of the dorsal spine for four or six inches in extent which lasted three months, then passed away.

In several cases Magnesia phos. acted a long time by reproducing its wave of symptoms. I believe it to be a very long and deeply acting medicine.

Dr. Nash: You counteracted this cough with Lachesis; by what symptoms?

Dr. Kent: I cannot recall the details.

Dr. Beigler: A retching cough?

Dr. Kent: In a measure, choking, retching, < in a warm room, > in a open air.

Dr. Kimball: Dr. Kent wrote that the face was so red that it seemed as if she would choke to death, the cough was so uncontrollable. I think it was < in a warm room, at night, and on lying down.

Dr. Kent: Some of the head symptoms are aggravated in a warm room.

Dr. Ballard: Amelioration from pressure is not found in Lachesis, *i. e.* from hard pressure.

Dr. Kent: You find > from pressure and < from hard pressure under Lachesis.

Dr. Reed: I have an interesting clinical case: A lady sent for me about 8 A. M.; she was suffering great pain. She was complaining of extreme tenesmus and tormina from a constant desire to urinate and go to stool. Every time this pain came on she would rise up in bed and bend

forwards and the only relief obtained was by hot water. I put a little Magnesia phos. 200 (B. & T.) in a glass of water and gave a dose every fifteen minutes; the third dose cured the pain.

Now, in confirmation of Dr. Kimball's case, I have had three cases of this excessive pain during the cata-menial period, characterized by those sharp, cutting pains: One a colored servant girl—as coarse as she could be—and every time the pains came on she would throw herself across the edge of the table. I gave Colocynth 200, then cm., with no benefit. Next time she received Magnesia phos. 6x. At the next period there was some relief and no pain after the third period.

Another lady had the same experience and she was completely cured by taking Magnesia phos. 6x., and another was cured by the 200, at the second period. All the cases were > by heat, and all characterized by bending over and by pressing upon the abdomen for relief of the cutting, lancinating pains.

Dr. Kimball: But no exfoliation of membrane?

Dr. Reed: I cannot say as to that. I gave the remedy just before menstruation.

Dr. Kimball: I usually obtain better results by prescribing just after menstruation. In my case the flow was quite profuse, bright red and perfectly regular; she would always stay in bed that morning, as she would be quite sure that the flow would come on either in the night or early in the morning.

Dr. Nash: Any hysterical symptoms before or during the menses?

Dr. Kimball: No!

President, Dr. Hawley: Did the discharged membrane come afterwards or during flow?

Dr. Kimball: The membrane came either the second or third day.

Dr. H. C. Allen: One of my provers developed this symptom. She never had a menstrual pain in her life and was always regular. She has had menstrual colic ever since taking Magnesia phos., and has menstruated from

six to nine days too soon—her usual time between the periods was 28 days from the time it ceased until it began again. There was intense sore bruised feeling all through the abdomen which continued for two days. At this time she had not taken any of the medicine for a month, but during her time of proving it she had taken a dose every night and morning for two or three days, then stopped.

The menstrual pains were somewhat peculiar in that they were $>$ by the flow—like Lachesis and Zinc—prover feeling better during the menstrual period. The characteristics of the menstrual pains Dr. Reed has correctly described.

I have had three cases of dysmenorrhœa cured, after running months or years, by Magnesia phos. Contrary to the usual belief, the higher preparations, clinically, give very much more prompt and better results than the 6x. Many of our men use it almost exclusively in dysmenorrhœa, and they give it for everything without reference to aggravation, amelioration or anything else. The three best antidotes I have used are Gelsemium, Belladonna, and Lachesis.

Dr. Ballard: This nasal symptom, the dry stuffed sensation, alternating with a free discharge will be recognized, perhaps, under another remedy, though not exactly the same symptom.

The only remedy I have ever found—that has a discharge from the nose in a gush, is Badiaga.

The discharge is almost exclusively confined to the left side, and it will come in gushes at times; would have to use a large towel, it came in such a gush.

Dr. Nash: Does this nasal symptom appear in the proving.

Dr. H. C. Allen: Yes, it appears in Dr. Campbell's proving.—*Trans. I. H. A.*, 1889.

Surgery.

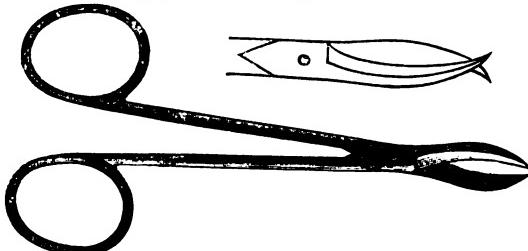
PEASE FRENUM SCISSORS.

G. M. PEASE, M. D., SAN FRANCISCO.

Having recently to operate for a case of "tongue tie" upon an unusually refractory child, I especially noticed the difficulty of snipping the frenum with ordinary scissors, the tissues would slip away, and, instead of one effort, several were necessary before the restricting fibres were all cut.

It occurred to me that with a scissors made to cut from the points towards the operator the slipping away would be obviated.

Accordingly a drawing was sent to Messrs. Reynders,



who have made a scissors which admirably accomplishes the desired result. The points being

once engaged in the tissue there can be no slipping away, and no matter how refractory the patient one closure of the blades ends the operation. The size is that of the ordinary iris scissors; but with longer shanks and blades they would serve a good purpose for snipping the uvula, in fact they might be practically used in a variety of cases.

AN INTERESTING SURGICAL CASE.

T. D. STOW, M. D.

On the 9th of November last, I was called to consult with a fellow physician in a peculiar case. The patient, a lad of ten years, had been treated some two weeks by a young but intelligent old school physician, who at first diagnosed the case erysipelas. The boy had some marked

constitutional symptoms, such as long delicately fringed eyelashes, pallor, circumscribed redness of cheeks, numerous aggregations of rather annular lichenous eruptions on face, arms, chest and lower extremities, said rings having a reddish border, while the central portion of the patches was studded by fine, dry, scaly epidermis. Occasionally vesicles and fine pustules formed. The lichenous spots itched, burned after scratching, that sometimes relieved. The itching and burning were aggravated by heat and at night.

Although his temperature was not above 99, still he had considerable thirst and disliked to be covered up in bed. He drank moderately each time. Appetite good.

On the inner side of his right leg over the internal tuberosity of tibia, was an elevated area of large, rather pale, flabby granulations, covered with yellowish pus, not very offensive, and in the centre of which was an opening from which flowed much pus. The leg and foot were swollen, reddened, and oedematous, sensitive to touch or pressure. He suffered much from sharp, aching, digging pains, always worse at night. Was much emaciated, anxious, and cried easily. Probing indicated a deep, long sinus, running into ankle and up the tibia. We diagnosed osteo-periostitis.

The following day operated on the limb, finding the lower two-thirds of tibia badly inflamed and broken down, the articular extremity a trough of pus. Cutting out the diseased portion of the tibia and carefully cleansing the wound with clear warm spring water, I closed the whole over a rubber drainage tube; bandaged and confined the limb on a Day's counter extension apparatus. The wound closed nicely and the case progressed very well until Saturday the 15th, when I was sent for in haste. Reaching the patient, found him retching, vomiting, chilly; he had singultus, sharp enteric pain, languor, pallor, diminished temperature, restlessness and anxiety. Examining the limb found it shrivelled, cold, nails blue, and limb somewhat oedematous. At three points along the cicatrix were pouting openings from which exuded a sanguous purulent fluid.

On pressure it gave out an emphysematous crackling, and the foot was cold.

After consulting with two physicians, Drs. Bennett and Radway, amputation was deemed advisable, and was performed early in the afternoon. In cutting the flaps and in dissecting the soft tissues from the femur, there was an uncommon friability of the muscular and periosteal tissues making the prognosis unfavorable. The wound was redressed yesterday morning, and is doing favorably in all but one respect, viz.: there is a tendency to over-retraction of the flaps.

The only remedies given were, Arsenicum and Silicea, 500th; the Silicea one prescription of the 30th power, during the suppuration stage, before and since the first operation up to December 15th, the day of the amputation. Arsenicum, Saturday the 15th, for the symptoms of septicæmia of that date, as before mentioned.

Wednesday, Dec. 19: Boy is much better in all respects.

This case passed on, the general condition improving slowly, but on March 5 it became necessary to resect two inches of the femur, which on exsection was broken down, soft, friable. The case did not promise well, but to our surprise the wound healed nicely by first intention. The boy is hale and hearty, and gets about on crutches. Mercurius sol. 30 completed the cure in two prescriptions.—*Trans. I. H. A., 1889.*

ARMY SURGEONS.—In every section of the country we have old soldiers, who while exhibiting their honorable scars to gaping crowds, tell how with revolver in hand they defended the limb which the doctors wished to remove. Every surgeon who has been in the army knows that the men that tell these stories are blatant liars. Neither in the army nor out of it do surgeons run after patients with catlin in hand to cut off arms and legs without the consent of the owners. But it must be admitted as a fact, that a limb is occasionally saved which all experience would indicate must be lost. But exceptions do not make rules.—J. B. MURDOCH, M. D.

Societies.

CHOLERA INFANTUM: VERATRUM.

D. OGDEN JONES, L. R. C. P., TORONTO, ONTARIO.

[CONTINUED FROM DECEMBER NUMBER, PAGE 433].

Baby L., aged 9 months. I was called to see this case on Saturday morning, August 10. It had been seen about half an hour before by a leading allopathic physician, who told the parents he had done all that possibly could be done for the child, and that "there was no use calling a consultation, as any other doctor would say he had done all there was to do." They (the parents) decided to try Homeopathy.

I found the child lying in its mother's lap, as near the picture of a corpse as one could imagine. On questioning the mother I found the child had been ill for a week. That previous to the present attack, it had had a similar one a fortnight before (though not so severe) from which it had made only a partial recovery. It was then at Cacouna. On the Tuesday before I saw it, they had brought it home to be treated by their family physician. He had been in attendance since Tuesday, and had exhausted the usual chalk mixtures, opiates and medicinal foods without any benefit.

The condition was the following:

Face, ashy pale, of a waxy hue; cold, eyes sunken, with dark rings round them; nose pinched; lips and nose blue.

Extremities, cold as ice.

Pulse, imperceptible.

Temperature in axilla, 104.2 F.

Abdomen, warm, soft, though distended.

Eyes, wild look, rolls them up, showing only the sclerotic.

Head, rolling from side to side, and constant moaning (meningeal irritation).

Tongue, coated at base, clean at lips, dry.

Mouth and lips parched; thirst constant.

Very restless; > by being carried.

Vomiting and retching; it had not kept anything on its stomach for three days.

Diarrhea; from twelve to fifteen stools in the twenty-four hours. Stools green, watery, gushing, changing to a blue slate color on standing (Phos.).

Pain in abdomen before stool, which appeared to be of a griping nature, > after passing stool. There was much weakness and exhaustion after a motion, the child lying perfectly limp.

Skin, dry.

Emaciation, especially marked about the face and neck.

Sleeplessness. The child had not slept for three days and nights, notwithstanding that the night before I saw it it had had *three* doses of a sleeping draught, presumably Bromide.

Its condition was < at night, > towards morning.

I prescribed Veratrum alb.

Having nothing higher than the tincture and seeing the case was urgent, I put two drops in a tumbler of water and gave a teaspoonful every half hour until three doses were taken, when I discontinued it and gave Sac. lac.

Diet. Cow's milk, diluted three parts of water to one of milk. Two teaspoonfuls every 20 minutes.

I saw the child again in the afternoon, when I found a change for the better. There had been no vomiting since the first dose of medicine, and only four stools. The last two being much less green in color.

Face much less waxy and white, though still cold.

Lips red. Head warm.

Mouth less parched.

Tongue less dry.

Moaning less.

Pulse irregular, rapid, and still uncountable.

One symptom had developed since the morning, showing the brain had become more involved, viz., the arms and legs were constantly twitching and jerking; the head still rolling from side to side.

Dr. O. F. Macdonald kindly saw the case with me, and agreed with the treatment.

I continued with the placebo.

August 11: The child slept last night for about an hour, first sleep for 72 hours.

During sleep the eyelids remained half open, and the eyes were rolled up, showing the sclerotic.

During the night there were only three stools, which were more natural in color, not so watery, and less gushing.

Brain symptoms were less, as shown by little rolling of the head and no twitching of arms and legs.

Temperature, 102.2 F., two degrees lower than previous morning.

Pulse still small and rapid.

Towards evening the condition changed. The face and extremities became cold again, and signs of collapse were becoming marked, was more restless, no sleep during day, eyes staring and glassy, pupils contracted.

Pulse 160, small. Temperature, 101.2, slight retching, and light twitching of arms and legs; moaning; won't be touched.

One stool, yellow in color, sour smelling. As the condition was not as favorable as in the morning, I prescribed Veratrum alb. 200 (Dr. Kent's hand made potencies), one dose.

August 12: Next morning there was a marked improvement. The child had slept for four and a half hours; the pulse was now regular, fuller, 120. Temperature, 99.2, a fall of two degrees from previous night.

Only one stool during night, large and yellow in color, semi-solid.

Face much better color, hands and feet warm, no restlessness, very little moaning, no rolling of head or twitching of arms, no vomiting or retching.

In the evening the improvement was still more marked. The temperature was normal, pulse regular, 120, cheeks and lips red, extremities warm. Child very cross and peevish, which was a good sign. I now changed the milk, giving it the milk of a goat, well diluted. This was all the medi-

cine it had, and from this out made a good recovery, so that on the Saturday following, a week from when I first saw it, my visits were discontinued.

REMARKS.—I thought this would be a suitable case to bring before you, especially as our worthy Secretary had suggested that clinical cases would be interesting, not that there is very much to be learned from such a case. But as both the low and high potencies had been used, I thought we might, with benefit, see their result at the bedside. I think you will agree that there was a marked action from the tincture during the first day. Also that on the day following, the improvement had ceased, and that the child was evidently beginning to lose ground again, showing, as many affirm, that the action of the low potencies is of short duration, and what might be called palliative. I might have prescribed the tincture in continued doses, and in the end cured the case. But after the 200 in a single dose had been given, the change next morning was so marked and continued, that I felt convinced it was the action of the higher potency, quicker, and more lasting.

The fact that the child improved rapidly, and did not need another dose, seems convincing to me of the efficacy of the high potency in this case. The question arises in my mind: If I had given the 200 potency on the Saturday morning, would not the child have been saved the suffering, and the parents and myself the anxiety of the day following.

VERIFICATIONS.

W. J. H. EMORY, M. D., TORONTO.

CASE I.—Mrs. M., aged 48. April 2, 1889: Saw patient at 4:30 p. m., with following symptoms: Three days ago, on a very cold morning, leaned out of open window, without extra wrap, and talked to carpenter making repairs for twenty minutes, took severe chill, came in, went to bed and applied various home remedies to avoid catching cold. Yesterday began to feel very ill and thought best to see a physician.

I found temperature 105.1°, pulse 130, respiration 45; annoying, dry, hacking cough, causing pain in chest. Intense headache, face and scalp very red, extreme nervousness and restlessness, worse late in the afternoon, thirst for cold water or lemonade. Patient stout and plethoric.

Diarrhea, stools brownish, watery, offensive, and involuntary on coughing; also enuresis when coughing; at times delirious, talking all sorts of nonsense. Here was to my mind strong indications for Belladonna in all the symptoms except the involuntary stool and urination when coughing. I knew Phosphorus had most of her symptoms, including involuntary urination, and the pneumonia had attacked the right lung, over the whole of which the fine crepitant rales were distinct. But I did not know of any remedy having the symptom diarrhea accompanying pneumonia, and involuntary spurt of watery stool on coughing. In this case that was the peculiar, uncommon, characteristic symptom, and consequently the most important. So I gave placebo, promising to send more medicine with nurse whom I was also to send.

On reaching my office and taking down my Lippe's repertory and my Lippe's *Materia Medica*, and Hering's Condensed, after half an hour's work I found Phosphorus was the only remedy covering the totality of the symptoms, and also the one peculiar symptom.

I sent a powder of Phosphorus 200 (B. & T.) by the nurse, to be dissolved in three teaspoonfuls of water and a teaspoonful every hour until finished, and then follow with the placebo.

April 3, 10:30 A. M.: Diarrhea better, no involuntary stool or urination now on coughing. Temperature and pulse slightly lower, got some sleep, but quite delirious and extremely nervous most of the night.

5:30 P. M.: Condition much the same as 24 hours before; temperature and pulse same; no more diarrhea but patient is more composed and says she feels better though she cannot tell why.

April 4th, 10:30 A. M.: Had a better night, temperature 101, pulse 100. 5 P. M.: Same as morning.

April 5: Temperature normal, pulse normal, and remained so. Cough continued troublesome, rusty sputa, lung went through stages rapidly to resolution and patient was up and well in about a week.

CASE II.—June 12: Was called to attend Mrs. D., aged 22, in first confinement. Labor natural in every respect, the easiest labor I ever saw for a primipara. No unusual symptoms developed, until the 19th. Not having seen her for some days I was summoned to see her at 11 A. M. said she had had a hard chill the afternoon before, followed by alternate fever and chill for several hours, had suffered all night from severe burning, cutting pains across abdomen.

Abdomen swollen much across hypogastrium, very sensitive to touch and tympanitic; lochia scanty and offensive; milk suppressed; tongue coated white, very thick and flabby; temperature 104.5; pulse 160; pain constant, had sweat profusely at times all night; pain always worse by becoming heated and sweating, so that the bed clothing was very disagreeable, but could not stir the clothing much less remove it without becoming chilled. Was extremely restless all night but afraid to move on account of chills. Mercurius sol. 10m, two doses an hour apart. Next morning everything normal again.

The peculiar, characteristic, uncommon symptom in this case was the < of the pain by heat and the extreme susceptibility to becoming chilled. This as well as the totality of the symptoms was covered by Mercurius.

CASE III.—July 8: Was consulted by J. L., a painter by trade. A year and a half ago contracted gonorrhea, which was cured (?) by injections and drugs internally in about a month. Stricture followed which was cured (?) by bougies. Ever since has had a mucous discharge after urinating. Frequently a sensation as of an insect crawling in urethra which was at times intolerable. Has lost much in flesh and is generally miserable and despondent. Urine scanty, dark colored and of strong odor; also a soreness across kidneys, and dragging down sensation in pelvis. Has been treated by various Old School physicians without benefit.

Here was one very peculiar, uncommon, characteristic symptom viz: *the sensation of an insect crawling.*

A second well-defined symptom was the mucous gleety discharge *after urinating.*

And the third, and in this case next in importance, was the *scanty, strong-smelling urine.*

The other symptoms being vague, and common to most cases, are of less importance in the selection of the remedy. The only remedy that I could find to cover nicely the tripod was Phosphoric ac., which I accordingly gave in the cm. (Jn.) potency, four doses two hours apart, and placebo.

July 15: First words on entering consultation room was: "Dr., that medicine nearly killed me; could not work for three days, and had to stop it or I think it would have finished me." On enquiring closely what symptoms he attributed to the medicine, he said he had such a sore, bruised, swollen feeling about the neck of the bladder that he could scarcely sit down; the urine became very high colored and scanty; severe dragging down feeling at genitals, and vertigo.

I asked about the "crawler" and he was surprised to say that he had not felt it since. Continued placebo.

July 23: Much better every way, no return of creeping sensation; no discharge; only wanted some more medicine to "make things sure."

DIAGNOSIS: TREATMENT.

L. H. EVANS, M. D., TORONTO.

These two words suggest by themselves a large proportion of the duties of a physician—indeed an author of the highest repute has affirmed, that the healing of the sick was not only the highest but also the sole duty of the physician. Now, according to our views, the chief agent in the healing of the sick is the proper remedy, selected and administered to the patient.

The word "Diagnosis" has been used in general to

mean the distinction from one another, of different diseases, resembling each other in some points—as measles and scarlatina, or pleurisy and intercostal rheumatism. But since the development of the practice according to the law of similars, we have gradually become less anxious to distinguish diseases merely by names. And why is this? Simply because the name of a disease, as such, is only to a very limited extent an element in the selection of the remedy. For the same reason, the term diagnosis has gradually come to be used among us to mean the distinction, not between diseases by name, but between medicines. If we enquire into the cause of this change of meaning, I think we must conclude that it is because the relation between diagnosis and treatment was so strong that it was impossible to heal it up. When therefore the chief duty in regard to treatment came to be the selection of a remedy for the disease, it was only natural that the word in question should come to be associated with the former duty. I think, however, we may carry this matter too far, and that there are good reasons for distinguishing diseases by names, and for taking some pains about it, too. It may be the physician's only duty, "to heal the sick," but, even if it is so, it is necessarily a part of his duty to retain them under his care till he has accomplished his work.

Now it seems almost increditable, but nevertheless it is a fact, that some persons are apparently more anxious to know the name of their disease or of those that any member of their family may be afflicted with, than that a cure should be effected. We should try to teach people better, but, so long as the assigning a name to a disease is still made a test of a physician's skill, so long must we, in self-preservation, pay some attention to it.

I have heard it said, by persons of high intelligence, in reference to a physician of skill and experience: Oh! he is very clever at curing his patients, if he knows what is the matter with them, but he is very unskilful at finding that out. It was of very little avail for me to explain, that he probably did not wish to spend his time in selecting a

name for the disease, he thought it better employed in selecting a remedy for its cure. I well remember that a lady, whose husband had suffered from three attacks of illness, of a similar nature, under three different physicians, described the services of the first and second attendants, who had at least temporarily cured him, in very moderate terms of praise, but shed tears of rapture, in admiration of the skill of the third, because he at once assigned a name to the disease, or, as she described it, found out what was the matter with him, although under his care the patient succumbed. This example is, I think, sufficient to suggest to us the necessity of paying some attention to the question of diagnosis, in the older acceptation of the term.

We now come to the second branch of our subject—Treatment.

How are we to treat our patients, and with what aim are we to give them medicines. We must make their restoration to health the first object, and effect this by the administration of the proper remedy. And how are we to select the proper remedy. By comparing the symptoms of the patient with those produced by remedies in their provings, and choosing that which corresponds most nearly, so far as our knowledge goes.

I am not one of those who maintain that for every combination of symptoms there is one remedy, and only one, that will do any good,—or conduce in any degree to the cure. Certainly, there is one that is better for the purpose than any other, namely, the simillimum, so called. But as our knowledge is finite, limited, imperfect, we must sometimes be content to do our best with the simile. Fortunately we are borne out in this, by the terms of our law, which says "similia similibus curantur," thus evidently not limiting the curative influence to the simillimum.

It follows, however, I must say, as a logical sequence to our rule, that if similarity is to be our guide, we should endeavor most strenuously to find that remedy which is most similar.

The question now comes up: what are we to do, when we find two or more remedies equally indicated, so far as

we can judge, shall we mix them—alternate them—or determine by chance which to use? I answer, neither. We must study our *materia medica* more closely, and in every case we shall either find on closer investigation that one or the other remedy is the better indicated, or else, that there is a third remedy at our service, more appropriate than either. And why not, it may be asked, alternate or mix our remedies? I answer, because, since our provings must be our chief guide, and as our remedies have not been proved in alternation, or in mixture, we have no proper indications for remedies thus used. The next point is, what potency are we to use, how often are we to repeat, at what intervals, and how long to continue?

I, for one, maintain, that all these are of such secondary importance, that they must be left to individual judgment. We must be allowed to use such potencies as we find effectual, repeat them as often as necessary, and continue as long as we think advisable. But on each point there are some considerations which should suggest our course. As to potency, we should aim at the higher rather than the lower, as more in accordance with the teachings of Hahnemann, who, the longer he studied, still appears to have acquired the more confidence in the higher potencies. As to repetition if we believe in the theory of reaction, which seems to me the most tenable one, we must only suppose that repetition, after the effects of a drug are fully established, can only do harm, or at least can do no good,—but above all let us avoid the attempt to force others to accept the results of our experience in preference to those of their own.

CLINICAL NOTES.

EDWARD T. ADAMS, M. D., TORONTO.

CASE I.—*Alumina.* E. T., aged 18, suffered for some five weeks with *redness, stiffness, and slight swelling of right ear.* Had only slight pain, but a constant feeling of discomfort—< in evening.

Had been under domestic and old-school treatment of

lotions, washes, etc., without the slightest relief. Two doses Alumina m. cured in three days and without return, now over six months.

CASE II.—*Alumina*. Another patient suffered in a similar manner. As in the first case Alumina seemed well indicated and it promptly relieved, but not permanently, the trouble recurring, though not to as great a degree. Alumina 6x in water used as a lotion, and internally in the m. potency made a cure. There has been no return for a month past.

CASE III.—*Natrum mur.* Some persons have the most marked sensitiveness to the action of particular drugs, being able to unfailingly indicate when their special medicine was given.

A Miss B., aged about 50 years, and in a position of trust, having charge of one of our benevolent institutions, is exceedingly sensitive to the action of Natrum mur. and invariably informed me at her next visit, when on the preceding call I had prescribed this drug. Potency seemed to make no difference with her, as perceptions were the same after 200, 10m and cm.

She would say, "Doctor, you have been giving me that salty medicine again; my mouth has been tasting as though it were a salt cellar."

I am also credibly informed that she had a similar experience with her previous physician and would always indicate when the lower potencies were given with same exactitude.

What may add to the surprise some may feel, is the fact that this lady had suffered for many years from ague in its worst form and had been thoroughly dosed with Quinine.

CASE IV.—*Sulphur*. Another patient exhibited the most marked sensitiveness to Sulphur, and after taking it, no matter how high the potency, would invariably suffer from intense itching of the skin. No eruption, but desire to scratch with > from scratching.

CASE V.—*Magnesia phos.* Mrs. M., aged 24, small in physique, married about two years with no sign of a family, has always suffered intensely at her monthly period; so

much so that she took no pleasure in life and seemed to have a constant dread of her coming sufferings.

The pains were cutting, darting, twisting in character, resembling those produced by Colocynth. She would lie doubled up, and her only relief was from heat. A bag of hot water pressed into the abdomen from about the navel down, would make the agony more bearable for a time, apparently depending upon the temperature of the water bag.

She had had treatment from different physicians; under old school opiates she always claimed that she felt the pain all through her stupor and sleep.

After Dr. H. C. Allen, of Ann Arbor, published the provings he had made with Magnesia phos.—and I had read of the clinical cases in which this remedy had produced such wonderful results in similar cases—on closely comparing I felt that I had at last found a remedy which promised to be the simillimum.

In October, 1888, after she had recovered from her monthly attack, and which she assured me was the worst she had ever had, I prescribed Magnesia phos. 200, three doses two hours apart and followed with a good supply of placebo.

In her next two sicknesses there was little change except that in the second she thought the pain was not quite so severe nor so long continued.

On recovering from this, I gave the same remedy in the m. potency, three doses as before.

During the following month I met her a number of times, through the sickness of another member of the family, and I noticed as I thought a marked improvement in her appearance and manner. Her color seemed clearer and better, she seemed to lose the strained, worried look which she had constantly carried, and was brighter, more active and lively. Like the Irishman of history, I began "to be in great hopes," and looked forward to the coming period with anxiety. At this period, much to her surprise, she had but little pain and even that was changed in character and location. She described it as being "a

bearable pain" and worse in her back than abdomen. She was so surprised at the change that she had ceased to be unwell before she would acknowledge that the relief was more than passing and temporary, and had put in the whole time in a state of dread that the usual condition would recur.

Her next period was almost entirely free from pain, and while previously she had always been two or three days too early, this came on to the day and has so continued till of late.

Since that time her recurring periods have been purely physiological efforts completed without pain and almost without her knowledge.

I remarked above that her periods had become thoroughly regular till of late. I know not whether the cause of present irregularity should be noted as a clinical symptom or not—to my mind 'twas the medicine did it, and so I thought when her mother informed me, with pride and satisfaction, that F—— was in an "interesting condition."

CASE VI.—I should like briefly to mention a most satisfactory and encouraging case, one of those which help a man to dig and delve, until he finds the simillimum.

Was called to Mrs. N., aged 38, but only nine months married, about 5 A. M. Found that she had had very severe labor pains, with profuse flow since about 9 o'clock the previous night. I found her *irritable*, hysterical, full of trouble and complaining of great weakness. She said, her heart "seemed to beat all over her." Her legs pained and she cried out with pain in her back which extended through to the lower abdomen and pubes. The discharge was even then quite free, bright red, with considerable clotting. She was restless and each motion increased the flow. Sabina being markedly indicated I gave her a dose of the 200, left two other powders with directions to take in one or two hours if flow and pain continued. I should have said that the os was but very slightly dilated and I supposed that if she went on to miscarry, it would be after a considerable time. I saw her soon after 10 o'clock when she reported that flow and pain had ceased within an hour,

but as she said, she took a second powder "so as to be safe." She then fell asleep and in fact was still sleeping when I entered the room, having had no further pain or flow to speak of, and this condition continued till about 1 o'clock P. M., when having to rise to urinate, she felt something pass away without trouble of any kind.

On examination at my next visit I found both fetus and placenta had escaped without pain of any kind within one hour of my first seeing her, and she fully and quickly recovered without further pain or loss of blood; and speaking with her some weeks after, she said that her health and strength had been better and greater since the accident, than for three years preceding it.

Such emphatic results from the indicated remedy and the symptoms leading to its choice so plain that I was cheered and encouraged, as I doubt not you all are in similar cases, where cause and effect are so evident.

ANEMIA: NATRUM MURIATICUM.

D. OGDEN JONES, L. R. C. P., TORONTO.

History: Miss S. J., aged 27. Has not felt well for over a year. Very easily tired, and all symptoms much as at present. Has had much allopathic treatment and has taken quantities of iron. At present complains of weakness, exhaustion, "good for nothing feeling." Vertigo on ascending rapidly, with palpitation and dyspnea. Catamenia, irregular, often twice a month, very scanty, appearance fair. Has great craving for salt, cannot see it without wanting to eat it. Sleeplessness, legs never feel rested, constantly changing their position.

In appearance, she is plump, face full. Is very anemic and of a yellow complexion, lips almost bloodless. Is at times very low spirited. Has two large brown spots on the back, which appeared last winter. They are oval, and about two inches in length. Also, a number of small brown spots on the chest. For these symptoms I prescribed Natrum mur. cm, one dose.

August 14: A week after taking the medicine, she reports as feeling better. There is less weakness; she sleeps better; legs feel rested and has not to change their position as formerly. Appearance good. Color is better, much less of a yellow hue. The spots on back and chest are disappearing. Still craves for salt.

August 29: Three weeks after taking medicine she reports as feeling better "than she has for ages." Is able to take much more exercise than she formerly could. Much less anemia; lips a good color. The spots on the chest have disappeared.

September 12: Feels quite well, is a good color, cheeks and lips red. Catamenia regular this month. More natural in quantity.

This case was interesting to me, as being the first of the kind in which I had prescribed the indicated remedy in a high potency, as I usually in these cases of anemia, gave "Ferrum Redactum" rather indiscriminately and I am afraid empirically. The action of the remedy in this case was very gratifying, as the case had become chronic, having lasted for more than a year. Such a change in three weeks time, it has never been my fortune to see, under the indiscriminate use of iron in any form.

MENINGITIS.

GEORGE LOGAN, M. D., OTTAWA, ONT.

CASE I.—Was called to see female child, three years of age; remarkably strong and healthy in every way. Both parents in excellent health. Found a simple case of bronchitis, for which she received Aconite, which was well indicated. She progressed favorably, as did two others, one younger and one older.

On the third day a change took place, she became very irritable; general soreness of the body; could not bear to be moved; the fever increased; temperature 102 and very restless.

I was unable to understand this change, as the bronchitis

was decidedly better in every way; could not therefore be the cause of these grave symptoms. However I continued the Aconite, as the temperature and general febrile symptoms appeared to indicate that remedy. On the fifth day I learned that she had passed a very restless night; starting, crying, and sometimes shrieking, the temperature remaining about the same. I now began to realize that I had to contend with a case of meningitis, which was new to me, as I had never seen meningitis follow bronchitis, though I had often seen it in connection with other diseases, or by metastasis.

Belladonna was administered one hour apart for two or three times, then two hours apart if not asleep; water to quench thirst, and milk for food.

On the sixth day she was no better, screaming and restless the whole night; Belladonna seemed to be still indicated. I continued it in the 200 potency—having given it before in the 3d—to be given each hour until the screaming should cease, then three hours apart while awake.

Seventh day, no improvement, had several convulsions during the night, and was now partly unconscious; pulse and temperature running about the same. She appeared to have great stiffness of the neck and tremor; would give evidence of pain if moved, or even touched. I now gave Bryonia 3d one hour apart, but patient was not to be disturbed if apparently sleeping.

Eighth day. Not much change from the previous day; had several convulsions during the night, but was not so restless during the early morning. Coma was not distinct, not entirely unconscious; would give evidence of pain when moved; took nourishment when offered; bowels costive. Bryonia 200 as above.

Ninth day. Was comparatively quiet during the night, no convulsions, I was told. I found the coma greater, the temperature 101, constant movement of the upper extremities; the hands partly closed, even brought up to her face and head; chewing action of the mouth with occasional moaning.

The case was now considered hopeless by those who

visited the house, and I must confess I had very little hopes of her recovery, and made my prognosis known to the family, who had every confidence that if homœopathic treatment failed any other was not more likely to succeed.

I now administered Zinc 2d trit. one hour apart for three times, then two hours until I called again. On my next visit, the ninth day, her condition was no better, but not any worse, the bowels were somewhat distended and as she had no motion for four or five days, I ordered an enema of warm water which resulted in a free evacuation; the Zinc to be continued as before.

Tenth day: Condition much the same, unconscious, involuntary urination; frequent upward movements of the hands to the head and face; chewing motion of the mouth. Temperature 101, but occasionally running up to 102 $\frac{1}{2}$. This comatose condition continued for nine days with but little change in symptoms. The Zinc was continued three hours apart, the quantity of milk was increased, and all the water she would take.

After nine days of unconsciousness, she began to show some symptoms of returning vitality and gradually recovered in about six weeks.

I might say that the case produced considerable excitement or interest in the neighborhood, especially as the mother of the child was a near relative of one of our oldest and most prominent physicians in the city, Dr. Hill, who, on my invitation, but reluctantly, came to see the child. He at once pronounced the case hopeless, the only suggestion he offered was to blister the head and neck, which the father of the child would not permit, very much to my satisfaction.

CASE II.—A boy two years old, the son of healthy parents, was taken ill about the same time. For two weeks was under the care of two allopathic physicians of this city, who changed their diagnosis two or three times during the two weeks attendance: first, "a cold;" then "typhoid fever;" finally, "brain disease."

They gave up the case, stating that it was impossible for the child to recover.

On visiting the patient I found the symptoms as nearly similar to Case I, as any two cases could possibly be: nearly or entirely comatose, the same motions of the upper extremities, constant chewing and irregular action of some of the muscles of the face, stiffness of the neck, and apparent soreness of the whole body—would moan, or groan in a feeble manner when moved—bowels costive, temperature 102 in the evening, had several convulsions before I was called, none after. I gave Bryonia 3d each hour during the febrile condition. Zincum met. every three hours after fever subsided; milk three hours apart and water to quench thirst *ad libitum*.

After one week's treatment the fever subsided, the temperature nearly normal, the Bryonia was then omitted, and the Zinc continued. At the end of the second week, of my treatment, he began to give some signs of consciousness, and gradually recovered the use of all his organs, being quite restored in six weeks. Consciousness of surroundings were the first indications of returning health in both cases. Locomotion the last, being sometime before they could walk without support.

The differential diagnosis of meningitis is acknowledged by most authorities to be difficult, as the symptoms intermingle in the varying forms of this disease.

When the etiology of the case establishes a tubercular diathesis, the diagnosis is less difficult to arrive at; when by metastasis or exhaustion in diarrhea, dysentery, or cholera infantum, where the blood has become impoverished (anemic condition), the local cause can be easier traced.

The cases I have just brought before you are clearly hyperemic, and belong to the acute variety of inflammation of the pia mater, and although we have cases of recovery on record, still the mortality is very great, under any treatment.

I wish to say here, that I have seen several cases of scarlet fever metastasis to the brain recover under the influence of Zincum met. and has therefore given me a degree of confidence in its use in the last stage of this disease.

I have used Apis in the earlier stages in some cases where it appeared to be indicated, with success, but it has failed me in others, where it was also indicated.

[These are good cures, but the symptoms, in our opinion, called for Hellebore or Sulphur, or both, instead of the continued and frequent repetition of Belladonna, Bryonia and Zinc.—ED.]

Clinical Medicine.

A NEW DIURETIC FOR HEART DISEASE.

BY PROFESSOR GERMAIN SEE, PARIS, FRANCE.

For this article we are indebted to Dr. Randall, Port Huron, Mich., who adds: "It is very convenient, at times, to have a harmless diuretic in cardiac dropsies." It is very doubtful if in Milk sugar or any thing else we have "a harmless diuretic in cardiac dropsies." It is true that our friends of the dominant school make many new and to them wonderful discoveries (?). A remedy on its first introduction is "lauded to the skies" for the cure of a certain disease, but after a few more trials with as many failures it is ignominiously rejected as worthless. And Milk sugar will not prove an exception to the rule. It cannot be a "cure-all" for cardiac dropsies any more than any one of its numerous predecessors, and in the end must share their fate. Milk sugar, like Alumina, Calcarea, Silica and many antipsorics, is practically inert in its crude form; but like them also, it becomes when potentized an active medicinal agent. Thanks to Drs. Swan and C. Wesselhoeft, we have a very good proving of it, hence there is no necessity for a Homeopath to resort to these palliative measures of Allopathy. Let us "stick to our text," the use of the proven drug on the healthy. For the benefit of our readers who may not have the proving, we append the urinary symptoms.

Among the diuretics, the most infallible is milk, which, of itself constitutes at the same time a sufficient aliment. As a food and

as a medicine, it has been for many years the sheet-anchor in the therapeutics of diseases of the stomach and heart.

It does marvels for gastric patients, provided the malady be characterized by excess of the hydrochloric acid secretion; these patients belong to the category which I have characterized as *hyperchlorhydric*, and this form of dyspepsia is very frequent. The milk treatment, however, fails in patients where the natural acid is lacking, as in cancer of the stomach; also where there is simple deficiency of hydrochloric acid.

Milk diet was prescribed half a century ago by Chretien, of Montpellier; by Serres, of Alais, who added onions; later, by Pecholier, also of Montpellier; all of whom vaunted its effects in dropsies in general. Still more recently it has been assigned the first place in the treatment of dropsies of renal origin, and of asystolic cardiac diseases with venous stases and edematous infiltrations.

Milk administered in small and frequently repeated quantities—to the extent of three or four quarts a day—may render the greatest service in cardiac dropsies, especially when patients have a normal or “hyperchlorhydric” stomach; there are several reasons for this singular usefulness of milk in these two great classes of affections, dyspeptic and cardiac. The first is this: Milk is a complete aliment, containing casein, sugar and fat, which are indispensable for the maintenance of the forces and the reparation of the corporeal losses; but it is evidently complete only when the proportion of the three chemical principles is in perfect accord with the physiological need, namely: 120 grammes (4 ounces) of azotized principles, 100 grammes (3 ounces, $2\frac{1}{2}$ drachms) of fat, and 250 grammes (about 8 ounces) of hydro-carbons. * * *

The second reason for the utility of milk as an aliment, is that in general it is easily digested. It, in fact, immediately coagulates in the stomach; the casein peptonizes with great facility; the butter is divided into an infinite number of molecules, and emulsified by the pancreatic juice and bile.

But it often happens that cardiac patients, like many healthy persons, take a dislike to this kind of food, or do not really digest it by reason of the *massive* coagulation of the milk in the stomach; hence various correctives have been sought. * * *

THE DIURETIC ACTION OF MILK.

Another property which in cardiac affections exceeds all the advantages of milk, is its diuretic action. When you raise the proportion of milk ingested to the necessary physiological figure, putting the patient on an exclusive milk diet, you arrive at a total of three quarts, at least, and then commences the diuretic action.

The polyuria much exceeds that which might be expected from the water ingested, and this polyuria entails a real disadvantage

along with the unquestioned benefit which it brings, for it gives rise to a veritable saccharine diabetes. Now, if you administer to a patient 200 grammes of sugar of milk, you establish a real glycosuria, and just this quantity of lactose is contained in four quarts of milk.

But before all, we ought to know to what element the milk owes this diuretic property which everybody has recognized from time immemorial, but which nobody has ever sought after or even thought of finding by analysis.

IN WHAT ELEMENT RESIDES THE DIURETIC POWER OF MILK?

After having passed in review the divers constituents of milk, to-wit, the water, the casein, the butter, the sugar of milk, the saline matters; after having examined them successively from the point of view of their possible action on the kidneys, I have been led to the conviction that the water is eliminated more or less completely in proportion to the quantity ingested; that the albumen does not pass out by the epithelia of the kidneys unless the latter are altered or unless the albumen is in some way transformed; and that the fatty matters in no manner affect the secretory substance of the kidneys. What remains, then, to provoke urination beyond the normal—in other words, to cause a hypersecretion? Nothing but the sugar of milk, or the mineral substances, or possibly a combination of the two principles.

Cow's milk, according to Gautier, who gives these figures as an average in accordance with the data furnished by the principal chemists, contains:

Water.....	85.00
Casein.....	3.60
Albumen.....	2.90
Butter.....	4.00
Sugar of milk.....	4.00
Salts.....	0.50

The ashes of 100 parts of cow's milk contain, according to Gorup-Bedanez:

Potash	28.09
Soda.....	6.69
Lime, magnesia, and iron.....	20.01
Phosphoric acid.....	30.15
Chloride of sodium.....	15.06

Hence, according to all the analyses, it is potassa that predominates as base, then as salts, the phosphate of potash and the chloride of sodium.

Potassa.—A diuretic action has always been attributed to potassa, which has been considered as more diuretic than soda, and this action has been explained by the great osmotic power which it possesses. Taking a hint from this physiological fact, I once composed a sort of artificial milk containing: (1) 50 grammes of

sugar of milk per litre of water; (2) 1 to 2 grammes of acetate of potash. But as a result of repeated trials, I have been convinced that the diuretic property belongs chiefly, if not altogether, to the sugar of milk, for on omitting the salt of potash and prescribing a ptisan of sugar of milk alone, I have obtained diuretic effects which were most marvelous, the diuresis exceeding by far that which is caused by an equivalent quantity of milk. * * *

**EXPERIMENTS ON A HUMAN BEING WHO TAKES AN EXCESS
OF SUGAR.**

In the recent discussion at the Academy (May 20, 1889) on diabetes, I proved from the experiments of Worm-Muller that when an individual in perfect health ingests in the twenty-four hours two hundred grammes of cane or milk sugar, he becomes both diabetic and polyuric. The quantity of urine augments, and sugar is voided with it, in the form of glucose; both cane sugar and milk sugar are eliminated in this form.

In administering such quantities of saccharine matters, you have then to fear the transformation of a simple polyuria; and I cannot say that the abuse of milk is not capable of a like effect—when three quarts or more are drunk. You must remember, moreover, that these three quarts of milk produce two quarts of urine at least, and sometimes three quarts; this represents a loss of $15 \times 3 = 45$ grammes of urea, and we have the commencement of an azotized denutrition. But happily, in remaining within the limits of 100 grammes of sugar of milk (*i. e.*, by drinking only two quarts of milk a day), you obtain all the advantages of the diuresis without any of the disadvantages, that is to say, without the production of glycosuria. * * *

RESUME AND CONCLUSIONS.

1. Lactose constitutes the most powerful diuretic, and at the same time the most inoffensive. It is the only principle which gives to milk properties of this kind; the other principles of milk, the water, the casein, the fat, the salts, have no manifest or useful action on the kidneys; the choride of sodium adds nothing to the polyuria induced by milk, and even the salts of potash have a very limited part.

Milk taken in the quantity of more than two quarts, produces diuresis indeed, but it determines at the same time (supposing, for instance, four quarts to be ingested, each of which contains 50 grammes of sugar of milk), an evident glycosuria—a temporary diabetes—attended with the elimination of normal sugar; it entails at the same time a considerable loss of urea, so that, in the long run, the milk treatment constitutes a *regimen of double denutrition*; by the normal sugar which is lost, and by the albu-

minates which are destroyed; it is an inanition attendant on a glucosuria and an azoturia.

The sugar of milk given medicinally enables us to overcome these evils; an enormous diuretic effect is obtained by the aid of 100 grammes of lactose, such as one is not sure of obtaining with four or five quarts of milk. With the lactose there is no glycosuria, for the sugar remains in the blood; there is no azoturia, for the albuminates do not leave the organism. If two quarts of the solution of lactose are equivalent to four quarts of milk, this goes to show that in the milk the lactose is combined with other ingredients which hinder its action; these are probably the casein and the fat.

2. The polyuria resulting from the internal use of 100 grammes of lactose, exceeds that of all other medicines. It rapidly attains the figure of two quarts and a half per day, and almost constantly rises to three quarts and a half, and even four quarts and a half, about the third day. From this moment it remains stationary, or falls to two quarts and a half for several days. During this time the dropsical effusions disappear with almost a certainty; the blood becomes *dehydrated*—this is why the diuresis is not as intense, or as complete, at a late stage as at the beginning of the treatment. The medicine can be stopped for several days and then resumed, if occasion requires, with generally the same happy effect as in the first instance.

3. *Effects on dropsies of cardiac and renal origin.*—We may affirm that sugar of milk acts with certainty in dropsies of cardiac origin, but doubtfully or not at all in dropsies of renal origin. In affections of the heart it fails only where the kidney is degenerated, and when the albuminuria reaches the figure of 60 to 90 centigrammes per litre of urine. As long as the quantity of albumen is minimum, the result is favorable, as we have reason to believe that there is then nothing but venous stasis in the kidneys.

4. We sometimes see the diuretic action of lactose interrupted by other causes than the alteration of the kidneys; there is occasionally a diarrhea which naturally diminishes the diuresis, or profuse sweats may produce the same effect.

The sugar of milk is in general perfectly well borne. It should be given from six to eight days; this will be sufficient to determine a real dehydration, and a sort of drying of the tissues. The usage of the medicine is then interrupted for a few days, to be resumed again. The insipidness of the sugar of milk solution may be corrected by the addition of a little brandy or peppermint water.

It is important in all cases to limit or even suppress all other drinks, including soups and broth, and especially milk, which is useless, often injurious by overloading the stomach and preventing other alimentation. Now in this respect, lactose presents an immense advantage; it enables the patient to eat anything he

pleases, and the physician to prescribe the diet he thinks most necessary to sustain the forces of the patient.

5. As to the mode of action of lactose, I repeat there is no way of understanding the diuresis which it occasions but by a *selective and elective action on the secretory elements of the kidney*. It is a physiological and renal diuretic.

6. We have, then, in lactose the diuretic remedy *par excellence*, for affections of the heart arrived at the period of broken compensation or asystolia; the true curative means for treating cardiac dropsey, always grave, often irremediable, even those which have resisted other diuretics.

In the quantity of 100 grammes dissolved in two quarts of water, no other drinks whatever being taken, we obtain a considerable polyuria in all our patients indiscriminately. * * * In all patients affected with dropsey, in proportion as the diuresis increased the infiltration diminished; and almost all the edematous swellings disappeared altogether after a series of treatments lasting from six to eight days, in some instances the treatment being repeated for a week or so after being suspended for a few days.—*The Medical Age.*

URINARY SYMPTOMS.

Urination followed by a thick yellow discharge.

Soreness of urethra during urination.

Pain in urethra during urination.

◦ Intense burning of vulva internally when urinating.

◦ Burning and scalding of the parts when urinating.

Constant and urgent inclination to urinate, with cutting pain streaking up urethra after each passage.

Constant and urgent desire to urinate, passing only a few drops at a time.

Urgent desire to urinate, increased by urination.

* Frequent and violent urging to urinate, with passage of a large quantity each time.

* Urine causes intense pain when coming in contact with the labia, which are very sensitive.

Sound of running water produced urination; no power to restrain it.

* Urinates very frequently large quantities.

Profuse urination when first rising.

Frequent urination, passing large quantities of pale urine.

Urination when coughing or walking across the room.

Passed a great quantity of urine, frequently.

◦ Involuntary urination in large quantities several times during the night.

Urine stains a dark yellow.

◦ Urine dark brown, bad smelling; no sediment, but cloudy as Camphor before a storm.

Shooting pains in urethra and rectum.

SANICULA.

H. C. MORROW, M. D., SHERMAN, TEXAS.

In the last few years I have verified many of its symptoms and consider it both a polychrest and antipsoric.

Constipation. A case of year's standing in a lady who had to strain very hard to expel the stool. At times the feces were so large, hard and dry that she was compelled to pick it out with her fingers. Sanicula relieved.

One particular clinical symptom I have noticed: *Square stool*, as if carved with a knife, when feces were soft.

Another a small raw-boned marasmic child, exceedingly irritable, *wanted to lie on something hard*.

Sycosis. A fig wart on the glans, with a discharge from its surface which smelled like fish brine. It is needless to say, the patient, as well as the wart, was cured.

The sweat about the occiput and neck and sensation as if feet had on cold, damp stockings, I have verified many times.

Also profuse scaly dandruff of the scalp, eye brows and chin, falling out of hair and beard, hang nails, etc.

THE HOMEOPATHIC ASYLUM: MIDDLETOWN.*

The last annual report (for the year 1888) furnishes the most convincing statistical evidence of the superiority of a strict adherence to the law Similia. To the public, and the profession at large, who are interested in the treatment of the insane, we present the following comparative results:

*Compiled at our request from the last annual report, by S. H. Talcott, M. D.

OLD SCHOOL ASYLUMS FOR SIX YEARS.

Year.	Whole number treated.	Number of deaths.	Per cent. of deaths on number treated.	Whole number discharged.	Number dischar'd recovered.	Per cent. of recoveries on number discharged.
1883.....	2017	131	6.49	776	240	30.92
1884.....	2187	148	6.76	872	242	27.75
1885.....	2251	117	5.19	922	247	26.78
1886.....	2364	122	5.16	984	217	22.51
1887.....	2367	152	6.42	1014	283	27.91
1888.....	2371	144	6.07	919	260	28.29
Totals....	13557	814	6.00	5467	1489	27.23

MIDDLETOWN ASYLUm (SIX YEARS).

Year.	Whole number treated.	Number of deaths.	Per cent. of deaths on number treated.	Whole number discharged.	Number dischar'd recovered.	Per cent. of recoveries on number discharged.
1883.....	410	18	4.39	150	69	46.00
1884.....	423	21	4.96	141	68	48.22
1885.....	486	27	5.55	131	66	50.38
1886.....	568	17	2.99	157	80	50.95
1887.....	642	22	3.42	187	96	51.33
1888.....	672	36	5.35	213	100	46.92
Totals....	3201	141	4.40	979	479	48.92

COMPILED AVERAGES FOR SIX YEARS.

Buffalo, Utica and Poughkeepsie (Old School).

Percentage of deaths on whole number treated..... 6.00
 Percentage of recoveries on number discharged..... 27.33

Middletown Asylum (Homeopathic).

Percentage of deaths on whole number treated..... 4.40
 Percentage of recoveries on number discharged..... 48.92

During the past year results have been still more encouraging, and we give the following table showing number of patients treated at State Homeopathic Asylum at Middletown, N. Y.; and results attained for year ending September 30, 1889:

	Males.	Females.	Total.
Number in asylum Sep. 30, 1888...	229	230	459
Number admitted during the year ending Sept. 30, 1889.....	146	104	250
Whole number treated during the year ending Sept. 30, 1889.....	375	334	709
Number of deaths during the year ending Sept. 30, 1889.....	14	1	15
Death rate on number treated.....			2.11
Whole number discharged.....	101	94	195
Discharged recovered.....	42	59	101
Discharged improved.....	20	8	28
Discharged unimproved.....	23	26	49
Discharged dead.....	14	1	15
Discharged eloped.....	2	0	2
Rate of recoveries on number dis- charged			51.79

As will be seen from above, the death rate is only about two per cent. on number treated, while the recovery rate was nearly fifty-two per cent. on number discharged.

These results do not spring by any means from chance; but they come through the application of carefully selected means for the promotion of the recovery of the sick to health, and the prevention of death.

A few of the prominent means used are as follows: Kind and skilful nursing. The skill of attendants in this institution has been greatly increased since the establishment of a training school for nurses. During the past year two courses of lectures have been delivered before the nurses by the physicians in charge, aided by Drs. Mills and Pillsbury of this city. Twelve attendants have been graduated, who are still retained in the institution, and are doing excellent work.

A liberal and easily assimilated diet is furnished to the patients. Large quantities of hot milk, home-made beef-tea, and the various concentrated foods are used, as Mel-

lin's, Horlick's, Nestle's, Murdock's, Carnrick's, Bush's Bovinine, and others. And to the concentrated foods may be added the products of the farm, the garden, and the butcher's stall.

Enforced rest is given to all its weak and exhausted patients. By keeping the sick and helpless in bed, it is possible to more readily conserve the strength and prolong the lives of those who would otherwise die from heart failure.

Amusements have done much to stimulate a new appetite for life among the asylum patients. The national game of base-ball has come to be a part of the asylum life. The most enthusiastic interest is manifested in the games by all the patients. To ball playing as a producer of good results, may be added other games.

Dr. Talcott adds to the experience and knowledge acquired during the many years which he has so successfully managed the asylum, the results of study and observation of the methods found most successful in the interest of the insane in the most deservedly famous of the asylums of Europe.

The record made by this asylum in former years has been its best recommendation to popular favor, and the success which the institution has achieved during the past year surpasses anything in its history.

[These flattering results, the best the world has yet produced, are due, very largely, to the purity of the homeopathic practice employed. "We use straight Homeopathy, and nothing else in the line of medication," says Dr. Talcott, who with his assistants, Drs. Williamson, Kinney and Arthur, deserve the thanks of the profession. The superintendents of other asylums may study the methods of "the most famous asylums of Europe"; but it has very little effect on their recoveries. It is to the skilful and strict application of the simillimum that our superior results are to be attributed.—ED.].

THE
MEDICAL ADVANCE.
AN ADVOCATE OF
HOMEOPATHIC MEDICINE.
H. C. ALLEN, M. D., EDITOR.

The Editor is not responsible for the opinions of contributors. Personalities being foreign to scientific discussion, must be excluded.

Editorial.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime."—HAHNECKE.

HAPPY NEW YEAR.—In extending to our readers the "compliments of the season" we gratefully acknowledge our obligations for the many words of encouragement and approbation received during the past year. Never in the history of THE ADVANCE has it met with such general commendation from its readers. At the same time we must remind them that a magazine is what its contributors make it, and while we return our grateful thanks for their aid in the past, we must still rely upon both pen and purse to sustain it. Our aim in the future will be to increase and extend its usefulness. In this every reader is interested, and if each will contribute his or her mite by sending a new subscriber we will do our "level best" to make the volumes of 1890 the best in its history.

* * *

THE SIGNS OF THE TIMES.—

Watchman, tell us of the night,
What its signs of promise are.

One hundred years ago, one of the most noted allopathic physicians of Germany while engaged in translating Cullen's *Materia Medica*, made a discovery which elevated the science of therapeutics from its

empirical routine and placed it on a scientific base. Yet no reform intended to ameliorate the condition of the race, has ever encountered such bitter and persistent opposition as this during the first century of its existence; and none has won for itself such a firm place in public confidence. Its strides have been rapidly yet firmly made; upon superior merit alone is it indebted for its successful achievements.

* * *

The year just closed has been one of marked progress; one of the most successful in the history of this great reform. Never have our victories been more decided and substantial, or our real advancement more apparent. Never a time when the Homeopathy of Hahnemann has had more advocates or more able defenders; never a time when so many men and women are conscientiously using or trying to use, the similar remedy, the single remedy and the minimum dose. Never a time when so many willing hands and open purses have volunteered aid for our colleges, hospitals and dispensaries, and if we do not retain the confidence, the encouragement and the moral and financial support of the people, it is our own fault, not the weakness or defects of our science of therapeutics.

* * *

But while this side of the picture is encouragingly bright, an honest statement of our present status before the people compels us to say that the other side is not so brilliant. Do we all practice what we preach? Are we all consistent followers of Hahnemann? Homeopathy would make more rapid progress in every part of the country if we could answer this in the affirmative. There is never an effect without a cause, and the slow progress we make in the south to which the President of the Southern Association called the attention of the members at the late meeting, is the result of a compromise of principle. When such veterans as Holcombe and Henry advocate massive doses of Quinine for "Malarial Fevers" because they occur in the South, is it any wonder that the people see it in the same light? The people of the South may

very properly enquire if the Allopaths do not do the same? Yes! What then is the difference? If both give Quinine for "Malarial Fevers" in what particular is Homeopathy superior? The people are not fools if they do live in the South, and may decline to "jump from the frying pan into the fire." Until we have something better than Quinine for "Malarial Fevers" to offer, our school will make, as it deserves to make, slow progress in the South and everywhere else. Read the splendid report on another page, of the Middletown Asylum—the best the world has yet seen—and tell us if Dr. Talcott could have increased his recoveries and decreased his mortality by treating his patients as his allopathic colleagues treat theirs. In medication he uses nothing but the strictly homeopathic remedy. Would Morphine, Chloral, Quinine, Cocaine and other palliatives help him?

* * *

THE ALABAMA STATE BOARD of Medical Examiners recently arrested Dr. Brooks, an Allopath, and Drs. Lyon and Meyers, Homeopaths, for practicing without first procuring a license from the Board. They were tried in the Circuit Court, convicted and fined \$100, the highest penalty under the law. The cases were promptly appealed to the Supreme Court and the following decision was handed down by Chief Justice Stone:

It is held that the State under its police power clearly possesses the power to prohibit any person from practicing medicine without a license or other test for ascertaining the qualification and fitness of the applicant. The power is supported by the same principle as that which justifies quarantine, compulsory vaccination, sanitary sewerage and many other forms of public necessity. It is a mere agency for protecting the public against the dangers of charlatanism or quackery in medicine. This power is lawfully lodged in the medical boards of the State, and it is no objection that the law goes into effect upon the contingency of the medical county boards being organized in the counties. Local option laws and stock laws are made operative upon precisely the same principle. Brooks had no license from any medical board in Alabama. He had a diploma from a regular medical college in the State of Georgia, which had been duly recorded by the Judge of Probate of Russell county. Section 4078 of the code makes any person liable to indictment and a fine of one hundred dollars who practices

medicine except in the following four cases; if he falls in either of these categories he is not guilty of offense:

1. If he has a license.
2. Or has obtained a diploma.
3. Or if he has obtained a certificate of qualification.
4. If he is a regular graduate of this State having had his diploma regularly recorded.

The Chief Justice argues the case at some length, and shows that a physician may violate the decisions of the civil code relating to the licensees of physicians as embraced in sections 1296-1308 of the code, and yet not be indictable under the penal code. No indictment will lie unless the provisions of the penal code are violated, for the simple reason that the law is so declared by the lawmakers, the penal section (4078) not being co-extensive with the civil provisions.

The court holds that Dr. Brooks had violated no law of the State which subjects him to criminal prosecution. The judgment of the Circuit Court is reversed and the defendant is discharged.

The case created considerable excitement throughout the South and the decision is an important one and of interest to every Homeopath. The proceedings of the Boards of Medical Examiners in Alabama have been very unjust and arbitrary and Homeopaths have been deterred from entering the State in consequence. The following letter from Dr. Lyon explains:

MOBILE, ALA., Dec. 17, 1889.

Editor Advance:—Please make a note of this decision and let our brethren know that they can now come to Alabama and practice without going before any allopathic examining board. I was arrested a few days ago for refusing to be examined by an allopathic board, but my case will now be *nolle prossed*.

GEO. E. LYON.

* * *

AN AUSTRALIAN CASE.—Some years ago Dr. Geo. Bollen of Port Adelaide, Australia, received his degree from the Hahnemann Medical College of Chicago, and, on arriving in Adelaide applied for registration, which was refused by the Medical Board. For eight years the Board had persistently declined to acknowledge his qualifications and at last he appealed to the Courts of Justice. In September last a decision was rendered by the Full Court, making absolute a mandamus requiring the Medical Board to register his diploma.

Comment and Criticism.

Ask yourself if there be any element of right and wrong in a question. If so take your part with the perfect and abstract right, and trust in God to see that it shall prove expedient.—WENDELL PHILLIPS.

A BIT OF TESTIMONY.

Editor Advance: In the November number of the **ADVANCE**, page 359, Dr. A. F. Randall says: "Abundant experience teaches me that there is such a thing as repeating the remedy too often, or giving too much, so that we can only get the curative effect by discontinuance of the remedy."

I have long since proven the reliability of this statement, so that my invariable practice is a continuous confirmation of its truth. After having made an impression upon the disturbed organism by giving a few closely repeated doses of the indicated remedy, *Sac. lac.* is given and continued as long as improvement continues, and each new phase of the disturbance in the same case is treated in the same way.

I believe the same results in kind, though not in degree, would follow the simillimum given in a low potency, but am unable to produce any facts derived from that plane of action, as what positive knowledge I have of this subject has been gained since stepping into the "higher life" of medical experience—that life which deals alone with forces independent of their material form—medical force as arrayed against vital force.

When I think of my stupidity on this subject in years past, when improvement was the signal for *continuing* the remedy, I wonder now that the simplest case ever came to an end, and my respect for that element of adaptability infused into the human organism by a far-seeing and beneficent Creator is greatly increased.

Like Dr. Noble, I have followed (in the afore-mentioned time, years past) low potencies with the high, and thought

the high completed the cure. Now I should think that method unfair to both potencies. Time should be allowed the low potency in which to accurately show the extent (or limit) of its curative power, and Dr. Randall's advice to give Sac. lac. in the interval is good. Then the prescriber will be the better able to discern the untrammelled action and shortcomings of the low potency, and, perhaps, be willing to give a higher potency the same trial.

Dr. Randall does not say so, but we are led to infer from his remark that he belongs to that class of physicians to whom "discontinuing the remedy and giving a high potency means the same thing." My testimony to the contrary may not be just the quality of information Dr. Randall seeks from Dr. Noble, but it will not be impertinent to the insinuation that giving a high potency is equivalent to giving nothing.

CASE I.—Mrs. M. Snatched from the hands of the Philistines after two weeks' drugging with morphine, quinine, purgatives and brandy. Symptoms; delirious, restless, talkative, quick pulse, involuntary urination, staring eyes and flushed face. Left Belladonna 30 in the morning to be given every two hours till able to sleep, then to be discontinued. Nurse called in the evening to say there was no change in the patient. Sent Sac. lac. Patient went to sleep in an hour after first spoonful, and no more medicine was given for three days, as all the symptoms improved during that time.

CASE II.—Edna B. Scarlet fever. Second day, pulse 180; red, hot, dry skin; restless, not still two minutes at a time; headache, delirious. Belladonna 200, to be given once in two hours till less restless. Father called in evening to say the child was worse, uttering screams that could be heard in the street. Sent Sac. lac. No more medicine required for two days.

CASE III.—Gladys C. Frequent coughing; oppressed breathing; gagging. Ipecac 30 every two hours till cough is less frequent. Telephoned in evening, "Baby worse." Called; gave Sac. lac. No more medicine for 48 hours; then Chamomilla 30, one dose, finished the cure.

These blunders do not occur with me as often as formerly, for now I do not trust attendants to give medicine at their discretion. They never see the improvement they are told to expect, but keep up the dosing which is causing the aggravation. In order to avoid causing such unnecessary suffering, my usual method is to give three teaspoonful doses of the remedy dissolved in water, an hour apart, followed by Sac. lac. as long as improvement continues, never giving anything lower than the 30 and very often the cm potency. For I have found fewer changes of medicine required with high potencies than with low, proving they are farther reaching and more effective.

Alice B. CAMPBELL, M. D.

[Next to the giving of the single remedy, the repetition of the dose is the most important and practical question in the homeopathic school to-day. The best results cannot be obtained until this is done, and no better or safer rule can be given than that laid down by Hahnemann in the Organon. That rule applies to all cases, acute or chronic, irrespective of potency.—ED.]

WHO ARE THE REGULARS?

Editor Advance: Dr. Chapman's object lesson, "Who are the Regulars," in the December ADVANCE will produce great sclerotic expansion upon every Allopathist to whom it is "exhibited." The Doctor was evidently familiar with the historic story of the first time that scheme was worked by a German baron in Hahnemann's time, who sent out 300 letters to as many physicians in many countries, inclosing a sum equal to £1 to each, resulting just as Dr. Chapman's trial did, and finally ending in a cure by the greatest of them all, Hahnemann himself. (But I find many homeopathic physicians who are not familiar with that story). The only fault I have to find with the report is that the supposititious case was too typical, with little chance for any answer other than Lycopodium; and that the little figures and x's were not appended as well.

I half suspect that Dr. Bartholow "smelt a mouse or a

long-tailed rat" when he answered "no prescription without personal examination," for he could hardly expect an ordinary patient to travel from the Pacific to the Atlantic to see him. He may have had in mind the New York *World's* wonderful *exposé*, which, as all may not be familiar with, I will briefly recount: One Sunday last summer the *World* published a five column article by Nellie Bly (now on a seventy-five days trip around the world), recounting her tour of the New York doctor's offices as a pretended invalid. She made the same complaint to each, and the article draws up her interview with each, and gives the verbatim prescriptions, all different of course. One charged \$2, one \$10, and all the others \$5.00. A day or two after the *World* reporters interviewed the same doctors, and every one admitted the truth of the original article as far as he was individually concerned, and the next Sunday Nellie Bly was out with an article giving some choice prescriptions selected from over 700 "free-of-charge" ones sent in during the week. The *World* prints about 350,000 copies daily. In its original article one headline was, "What can Medical Science say to this?" I immediately sat down and answered the question by as briefly and entertainingly as possible recounting the old German nobleman story, and it went in—to the waste basket.

[We venture to say that Dr. Chapman never heard of the German baron's "scheme" or the *exposé* of Nellie Bly in the New York *World*. The editor of the *World* however has now an opportunity to see "What can Medical Science say to this" if he will read it.—ED.]

EDITOR ADVANCE.—The article "Who are the Regulars" reminded me of a patient I treated some twenty years ago.

A lady from St. Louis, Mo., staying in one of our hotels was taken sick with a severe attack of colic. I was sent for and prescribed. I called again in an hour, and found her relieved. She then said: "Pray, doctor, what is the name of the medicine you have given me?" On giving the name, she said: "Why, that is the very medicine my doctor gives me in St. Louis." F. H. KREBS, M. D.

Boston, Mass., Dec. 20, 1889.

New Publications.

INEBRIETY, ITS ETIOLOGY, PATHOLOGY, TREATMENT AND JURISPRUDENCE. By Norman Kerr, M. D., F. L. S.; President Society for the Study of Inebriety; Chairman British Medical Association Inebriates' Legislative Committee, etc. Second Edition. Pp. 471. London: H. K. Lewis, 136 Gower St., W. C. 1889.

Inebriety is considered by the latest authorities a disease very closely allied to insanity, and not merely a habit to be discontinued at pleasure; and this is the position taken by the author of this valuable work. He claims that they are both constitutional affections, and like other affections, amenable to treatment. On the subject of "narcotic heredity" the author says: "The operation of no natural law is more patent, than is the operation of the law of alcoholic heredity. A drunken mother, father or grandparent, may hand down to their descendants an alcoholic stain which not even a lifetime of entire abstinence from intoxicating drinks can eradicate." We firmly believe the author has taken a tenable position on this question and he may safely extend it to opium, tobacco and chloral. The author discusses the various forms of inebriety under the following heads:

Inebriety a Disease.

Inebriety a Disease allied to Insanity.

Forms of Inebriety (five chapters).

Etiology of Inebriety, predisposing and exciting causes.

Pathology of Inebriety.

Treatment of Inebriety (five chapters).

Inebriety in its medico-legal aspects (five chapters).

"The act of drunkenness is no more the disease of inebriety, than is a violent deed the disease of insanity. There may be intoxication and there may be murder without any apparent underlying disease. * * * As there is a morbid condition designated insanity so there is a morbid condition designated inebriety." The author defines inebriety to be "a constitutional disease of the nervous system, characterized by a very strong morbid impulse to, or craving for, intoxication." The morbid impulse and crave of the inebriate are not for inebriating agents for their own sake, but for the temporary relief of the inebriate nervine agony afforded by them. In fact, many inebriates hate the intoxicant which they would sell their soul to procure. Nor is the inebriate indulgence limited to alcohol. This is our narcotic in common use, so most of our inebriates long for and indulge in alcoholic intoxicants; but other narcotics are also sought. As the disease is the same, en-

vironment and other conditions determining the particular inebriant, I propose to call this abnormal state—NARCOMANIA—a mania for narcotism of every kind." *Treatment:* remove the cause and treat the symptoms as they arise.

CYCLOPEDIA OF THE DISEASES OF CHILDREN, MEDICAL AND SURGICAL. The Articles written especially for the work by American, British and Canadian authors. Edited by John M. Keating, M. D. Vol. II. Illustrated. Pp. 1066. Philadelphia: J. B. Lippincott Company. 1889.

Something of an idea of the value and comprehensive scope of this volume may be obtained by a brief synopsis of its contents:

PART I—Diseases of the Skin.

PART II—Constitutional Diseases and Diseases of Nutrition.

PART III—Diseases of the Respiratory Tract.

PART IV—Diseases of the Circulatory, Hemapoietic, and Glandular Systems.

PART V—Diseases of the Mouth, Tongue and Jaws.

And in order that a still better idea of the value of the work may be formed, the contents of PART I are also given:

Disorders of the Glands. By J. H. Hyde, M. D., Chicago.

Inflammations. By W. A. Hardaway, M. D., St. Louis.

Phlegmon: Ulcers. By H. Tuholtske, M. D., St. Louis.

Inflammations (continued). By L. D. Bulkley, M. D., New York.

Eczema. By Arthur Van Harlingen, M. D., Philadelphia.

Purpura. By Arthur Van Harlingen, M. D., Philadelphia.

Hypertrophies and Atrophies. By J. E. Graham, M. D., Toronto.

Hypertrophies and Atrophies. By H. W. Stelwagon, M. D., Philadelphia.

Nevus: Birth-marks. B. L. Pilcher, M. D., Brooklyn.

Syphilitic Skin Affections. By J. E. Atkinson, M. D., Baltimore.

Parasitic Diseases. By H. W. Stelwagon, M. D., Philadelphia.

These essays embrace the first 135 pages of this volume and are a fair sample of the extent and character of the work.

PART III considers 32 different diseases of the respiratory tract by different authors, all of national reputation either as physicians or specialists. And what is true of the parts mentioned is true of the entire work. With a few exceptions the essays are as good as could well be produced and will continue, for this century at least, to be authority on the subjects discussed in all that pertains to the etiology, pathology or differential diagnosis of the Diseases of Children. The definitions are clear, yet concise; the etiology full, without being voluminous; the statistics are fair and evidently honest, and the prognosis based upon the results of the school of practice by which it is issued will render this work a standard for reference for many years to come.

There is much in the treatment that we cannot endorse or recom-

mend, and which will no doubt be repudiated by the authors themselves within the next decade. We refer to the palliative and suppressive treatment of diseases of the skin by medicated topical applications; to the intubation of the larynx for membranous laryngitis, etc., etc. But the editor has made good selections in his associates and the publishers have left nothing undone to ensure as good books as can be made. Our readers should add these splendid volumes to their libraries.

MATERIA MEDICA, PHARMACOLOGY AND THERAPEUTICS. By John V. Shoemaker, M. D., and John Aulde, M. D. Vol. I. Devoted to Pharmacy, General Pharmacology and Therapeutics, and remedial agents not properly classed with drugs. Octavo: pp. 353. Philadelphia and London: F. A. Davis

The difficulties attending the compilation of a work like this can only be fully appreciated by those who have undertaken such labor in the midst of an exacting practice. The literature of antipyrin will alone make a volume as large as this, hence the labor of proper condensation is immense. The latter part of the volume contains "remedial agents not properly classed with drugs," among which are: Oxygen, Hydrogen Dioxide, Nitrogen Monoxide, Ozone, Hydro-Therapeutics, Ice (which is recommended for inflammatory affections where it will do most harm and least good), Massage, Heat and Cold, Mineral Waters, Metallo-Therapy, Transfusion, Baunscheidtismus, Climatology, Light, Music, Suspension, and last but evidently not least, Blood Letting. It has been generally believed that venesection as a therapeutic agent, a relic of the dark ages, had been abandoned; at least Hahnemann gave it its death blow in 1792 when the Emperor Leopold II of Austria—the peace-maker of that turbulent century—who in the course of 24 hours was freely bled four times and expired shortly after the last bleeding. Hahnemann publicly challenged the physicians to justify the treatment (Ameke's history, p. 88). But here is a revival of the unscientific and worse than useless, even barbarous method of the last century. It sadly detracts from the good judgment and otherwise creditable work of the authors.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Published monthly. New York: Wm. Wood & Company.

The November number contains an essay on the "Surgery of the Knee-Joint," by C. B. Keetley, F. R. C. S.; "Aids to Ophthalmic Medicine and Surgery," by Jonathan Hutchinson, Jr., and "Bacteriological Technology for Physicians," by Dr. C. J. Salmonsen. The last article is well illustrated giving the modus operandi for cultures and other experiments in this latter day science.

The December number has "A Practical Treatise on Baldness," by G. T. Jackson, M. D.; "The Sphere, Rights and Obligations of

Medical Experts," by Jas. J. O'Dea, M. D.; "Pathology and Treatment of Ringworm," by Geo. Thin, M. D.; "Notes on Dental Surgery," by J. Smith, M. D.; "Sounding for Gall Stones; and the Extrusion of Gall Stones by Digital Manipulations," by Dr. Geo. Harley, F. R. S. For this excellent series the publishers deserve the thanks and should receive the encouragement of the profession.

**PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES
AN ATLAS AND TEXT-BOOK COMBINED.** By George Henry Fox, M. D., Clinical Professor of Diseases of the Skin, College of Physicians and Surgeons, New York. Hand colored plates; nearly 100 cases from life. Complete in 12 parts. Price, \$2.00 each. New York: E. B. Treat, Publisher.

The author was one of the first to demonstrate the value of photography for the purposes of illustrating the various phases of diseases of the skin. The first edition, which appeared about six years ago, had an extensive sale, and the continued demand for these plates has led the author in the present edition to completely remodel the original volume. The text of this work, which has been largely rewritten—over 200 quarto pages—gives the diagnosis and treatment, in fact forms a complete work on Dermatology. We can add little to our former notice.

HYPNOTISM: ITS HISTORY AND DEVELOPMENT. By Fredrik Bjomstrom, M. D., Head Physician of the Stockholm Hospital, Professor of Psychiatry, Late Royal Swedish Medical Councilor. Authorized translation from the Second Swedish Edition by Baron Nils Posse, M. G., Director of the Boston School of Gymnastics. Pp. 124. Paper, 30 cents. The Humboldt Publishing Co., 28 Lafayette Place, New York.

Last August over 150 savants met in Paris to discuss the progress of the mysterious agency known as Hypnotism, and this work is the result. It contains also a bibliography of Hypnotism. And we would advise our readers to send for a catalogue of this Publishing Co. It contains a list of popular works by such men as Tyndall, Proctor, Herbert Spencer and many others in form for ready reference.

THE PHYSICIAN'S VISITING LIST FOR 1890. (Lindsay & Blakiston). Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street.

This is the thirty-ninth year of publication of one of the most convenient of our pocket visiting lists. It contains as usual a calendar; Marshall Hall's and Sylvester's ready methods in asphyxia; poisons and antidotes and a number of similar indispensables which every physician should carry in his pocket. There are four *editions*: Regular, Interleaved, Perpetual, and Monthly, ranging in price from \$1.00 to \$3.00, according to size. For sale by all Booksellers and Druggists.

Editor's Table.

THE CLINIQUE enlarges to 48 pages per month and increases to \$2.00 per year. A good move.

DIED at Buffalo, Dec. 10, after a brief illness, Ida Gregg Whitney, only daughter of the late Rollin R. Gregg, M. D.

A. L. MOORE, M. D., of Louisville, has recently "passed under the rod," losing two beautiful children from diphtheria. Defective plumbing and defective sanitation.

HOME GYMNASIUM FOR INVALIDS.—Those who have much office work and little out-door exercise should examine Dowd's "Health Exerciser." Send for descriptive circular to 9 East 14th street, New York.

THE *Counselor* has been sold to the *Era* and ceases publication with the December issue. This looks as if we have more journals than we can support while we have to help support so many allopathic publications.

A NEW SOCIETY.—The homeopathic physicians of Washington organized a State Society at Seattle in December, with a membership of twenty-eight. Dr. C. G. Higbee is President. The next meeting will be held the first Tuesday in May.

CORRECTION.—The article in our November issue, "The Relation of Nutrition to Mental Health and Mental Disease," should have been credited to the "The Annual Report of the State Homeopathic Asylum for the Insane at Middletown, N. Y."

THE ANNUAL COMPETITIVE EXAMINATION for Resident Physician and two Externes at the Children's Homeopathic Hospital, 914 N. Broad street, Philadelphia, will be held by the medical board during the latter part of March at the Institution.

E. LIPPINCOTT, M. D., of Memphis, is President of the Southern Association which meets at Birmingham, Ala., Nov. 12, 1890. A committee consisting of Drs. Orme, Stout, Landis, Green and Monroe was appointed at the last meeting of the Association to endeavor to secure equal rights for Homeopaths in the South.

E. M. HALE, M. D., has chosen "The Pathognetic and Therapeutic Properties of the Cactus family" as the title of his paper for the Bureau of Materia Medica of the American Institute, and solicits from the profession "all medical information concerning the toxic and curative powers of any species, before June 1st, 1890. Address 65, 22d st., Chicago.

A HAHNEMANN CLUB has just been organized at Terre Haute, Ind., and the constitution requires that at least one section of the Organon shall be read at every meeting. It starts with a membership of six, all the Homœopaths in the city. This is the

first society in Indiana to begin the study of the Organon, and we wish it success. Dr. Moore is President and Dr. Baker, Secretary. Monthly meetings.

C. F. ELLIS, M. D., Eureka Springs, Ark., is a homeopathic physician to whom our readers may safely recommend their patients who may be visiting there.

THE "ANNALS OF SURGERY" has now entered upon its tenth volume, and much praise is due both the editors for the high literary standard sustained. This is the only journal in the English language devoted exclusively to scientific surgery and which does not seek popularity by giving minor surgery, but rather seeks the highest practical attainments in surgery, nor does it in the least degree cater to advertisers. The numbers are profusely illustrated, thus elucidating the text. It is well worthy the patronage of all members of the profession, who do any surgery. \$5.00 per year; sample copies 50 cents. J. H. Chambers & Co., St. Louis, are the publishers.

STATISTICS OF LEPROSY IN THE UNITED STATES.—In view of the general impression that leprosy is spreading in this country it is desirable, in the interest of the public health, to obtain accurate information upon this point. The undersigned is engaged in collecting statistics of all cases of leprosy in the United States, and he would ask members of the profession to aid in this work by sending a report of any case or cases under their observation, or coming within their knowledge. Please give location age, sex, and nationality of the patient, and the form of the disease—tubercular or anesthetic; also any facts bearing upon the question of contagion and heredity. Address Dr. Prince A. Morrow, 66 West 40th st., New York.

M. M. EATON died October 21, at the age of 50, of ulceration of the stomach. The following resolutions were passed by the Faculty of Pulte College:

"Whereas, In the progress of human events our friend and co-aborer, Dr. M. M. Eaton, has been called upon to pay the last great debt we owe to nature.

"Resolved, That in his demise the profession has lost a faithful and painstaking member, and the community a skillful and devoted benefactor.

"Resolved, That whilst we regret his death in the years of fullest manhood, when a life's work should yield its fullest fruition, we bow to the inevitable, and recognize the workings of the inscrutable.

"Resolved, That in this hour of their affliction, the family of our friend be tendered our sympathy, and that these resolutions be printed as a tribute to his memory, and sent to the profession through the medium of the journalistic press."

THE
MEDICAL ADVANCE.
A HOMEOPATHIC MAGAZINE.

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Societies.

IS PORK EATING A CAUSE OF CONSUMPTION?*

D. H. BECKWITH, M. D.

LADIES AND GENTLEMEN: Seven years ago the Ohio State Sanitary Association was organized in Columbus and began its labors in this new field. To-day it points with pardonable pride to the State Board of Health and nearly two hundred local boards in various parts of Ohio. It has enlisted the active support of the very best element in society. With no sectarian leanings, no hope or promise of personal gain or partisan reward, it has but one aim —that of preserving health and prolonging life.

Its deliberations have been published and scattered throughout the land. The seed thus sown has been nurtured into activity, and everywhere are seen the evidences of a bountiful harvest, rich in blessings for neglected humanity. We may not see the full fruition in our time, but we may continue the part of the trustful husbandman in the spirit of the great painter Rubens, who, when asked why he devoted so much time to a single picture,

* Extract from the President's Address before the Ohio State Sanitary Association, Dayton, Ohio, November 21, 1889.

replied: "I paint for posterity." We do not know that harvest will follow the seed-time, but the trust which God has implanted within us is so strong that it answers the purpose of foreknowledge and gives us a basis for the plans necessary to the consummation of our work. But I must not forget that the main purpose of my address is to present a paper.

The subject is a very commonplace one. It relates to the use of that small sized pachyderm, zoologically known as *Sus Scrofa*, as an article of food. This four-footed omnivorous, cartilagenous-trunked, and sub-cutaneous-fat-secreting animal is vulgarly called

THE HOG.

The hog differs widely in its general appearance, ranging from the attenuated, razor-backed, forest-roaming denizen of the south, with features sharp enough to drink buttermilk from a jug; to the plump, rosy-skinned, sumptuously-faring domestic pet of the north, with the double chin and laughing face of the contented epicure.

The hog discovered America shortly after Columbus—in fact he accompanied the latter on his second voyage in 1493 and landed in Hayti. He made his way subsequently to Florida with De Soto about the year 1538. These hogs, however, differed widely from the hog of to-day. They were coarse, large-boned, and deficient in fattening qualities. The first importation of a finer stock was made by Gen. Washington—rather, Gen. Washington was the recipient of a present from the Duke of Bedford of a trio of improved breed, to which Washington gave the name of Bedfords as a grateful acknowledgment of the Duke's kindness. The finer breeds for which the United States is to-day noted include the Chester Whites, the Poland Chinas, the White Suffolks, the Isle of Jerseys, the Red Cheshire, the Victorias, and the Berkshires. All these owe their finer qualities to a common parent stock of China and Neapolitan strains.

The hog, being an omnivorous animal, owes its highest development to a very generous diet. During its early and

rapid growth, its food should contain a large percentage of the phosphates and nitrogenous compounds, or bone and muscle producing elements, and a small percentage of the carbonates, or fat producing compounds. Indian corn is rich in the latter, and is used almost exclusively in preparing the hog for the market. Clean, wholesome diet brings pork to its highest perfection when used as an article of food, but the most careful diet, and thorough breeding has failed to eliminate certain disorders which are a constant menace to the good health of pork consumers. Of the disorders we will mention two—Scrofula and Trichinosis.

From remotest antiquity the unclean habits of the hog have challenged man's aversion and disgust. The Egyptians, Ethiopians, Libians, Comani, Scythians, Galatians, Zabii, Hindoos and the Phoenicians abominated and detested the "dirty, mire loving swine." Mohammed denounced its use as food, and the Bedouins consider it the only object whose touch is pollution.

The Egyptian priests inveighed against it, declaring that "it engenders" many superfluous humors. The Talmud, or general code of Jewish laws, states that "ten measures of pestilential sickness were spread over the earth and nine of them fell to the share of pigs." Plutarch and Tacitus speak of the detestation in which the hog was held by the people of their time on account of the "leprous emanations appearing upon his belly." Heroditus, and a host of more recent chroniclers, unite in ascribing various disorders to the use of pork as food.

What the hog was 2,000 years ago he is to-day. No animal has such filthy habits. No place exists so foul and loathsome that will exclude him. Animal carcasses, undergoing decomposition and filling the air with pestilential odors, are sought after by him with epicurean gusto. He will leave a repast of nuts in the southern woods, to dispute with the buzzard the possession of the putrid remains of a defunct mule. He is the scavenger of the shambles. He is voted the freedom of the village streets, to act as a sanitarian in removing the filth and garbage therefrom. These

filthy habits are natural, not acquired, and no amount of careful breeding will ever modify them. Is it then surprising that among all nations and in all ages, the flesh of the hog has been supposed to "engender many superfluous disorders?" The derivation of the terms scrofula and choiras—applied to a disease alarmingly frequent, the former from the Latin *Scrofa*, meaning a "breeding sow"—the latter from the Greek *Xoipos*, meaning "a hog," indicate that the ancients had good reasons for excluding the flesh of the hog from their dietary regimen.

THE USE OF PORK; ITS RELATIONS TO SCROFULA AND CONSUMPTION.

Examination of the lungs, liver and spleen of hogs killed in slaughter houses, as well as of those raised and fattened by farmers for their own consumption, have often revealed the presence of tubercles, although no outward symptoms of disease were apparent. These tubercles may be easily communicated to man through the alimentary canal, appearing as the modern "bacillus tuberculosis"—and producing consumption and scrofulosis. In all cases their presence invites disease, and nearly ten per cent. of the mortality of Ohio is directly traceable to scrofulous disorders.

During the war of the Rebellion the records of five years and two months show 5,286 deaths from consumption, while 20,403 soldiers were discharged, suffering with tuberculosis, and many others who died from other diseases were found on post mortem examination to have tubercles.

The death rate from scrofulous diseases in the armies of the world is appalling. It is true that their soldiers are exposed to sudden climatic changes, long and exhaustive marches, broken rest and irregular dietary habits, but when recruited they are the finest specimens of manhood that their countries afford, well adapted to the vicissitudes of war. Yet statisticians tell us that twenty-seven per cent. of the death rate among the Prussians; twenty-five per cent. among the Austrians; twenty-four per cent.

among the French; thirty per cent. among the Hanoverians and Belgians, and twenty-three per cent. among the enlightened Britons, are directly charged to scrofulous affections.

One of the chief articles of soldier's food in the field is *pork* in one shape or another, *contract pork*, hastily inspected, half cured and imperfectly cooked, if cooked at all, and to its use as food rather than to the hardships of a campaign may be attributed this frightful mortality.

MOSAIC PROHIBITION OF PORK AS TAUGHT BY THE SCRIPTURES, AND THE PREJUDICES OF MOST OF THE ANCIENT NATIONS TO ITS USE AS FOOD.

The dietary laws of the Levitical code, given to the Hebrews by Moses, are invested with so much religious solemnity and binding moral power, that we are almost persuaded that they were more intimately allied to Hebrew theology than to Hebrew sanitation. But it must be remembered that the practical ends of life in that day were gained largely through spiritual means, and, accepting the testimonial evidence of contemporaneous writers, we must be convinced that Moses sought quite as much the temporal as the spiritual welfare of his followers in the prohibitory enactment respecting the use of pork as food. For if we go back to the early sources of Hebrew knowledge, we learn that man abstained from all animal food and subsisted upon vegetable food alone. Wherefore, we reason that if by degeneration, man had made animal food a necessity; then the prohibitory clauses of the code against the use of certain kinds of animal food, were given as a means of promoting the physical welfare of the people.

The *teachings* of the Parsees, the Hindoos, and the Pythagoreans were against the use of all flesh as food—their *practice* in favor of certain kinds. The flesh of the hog, from the remotest antiquity, has always been the exception, and to-day the antipathy against its use is more marked than ever before—among scientific men and believers in the infallibility of modern means of research—

on account of the discovery in the flesh of apparently healthy hogs, of a small thread-like parasite to which has been given the name of Trichina.

TRICHINA-SPIRALIS AND THEIR DANGEROUS EFFECT ON THE HUMAN BODY.

The discovery of this little animal is comparatively new although his ancestry is quite as old as that of the hog.

Taken with the pork it infests into the stomach of man, it produces symptoms of the most painful character, causing death in the most robust person, in a few weeks. Previous to the discovery of Trichina, the symptoms attending its depredations were ascribed to some new disease analogous to typhoid, etc.

If any one of my audience should partake of an ordinary dinner of pork well supplied with live trichina, he would, in a short time, become infested with half a million of these interesting creatures—a delightful thought for pork eaters—especially those who have a penchant for underdone or raw hams.

About 60 per cent. of the human body consists of muscles. In an individual weighing 150 pounds, there are therefore, about 1 and 4-10 cubic feet, or 2419 2-10 cubic inches, which multiplied by 180,000, as estimated by Dr. Wilson, will give 435,450,000 of these interesting creatures in his body. A few years ago the Chicago Academy of Sciences appointed a committee to examine hogs in the different packing houses in that city to ascertain if trichina pork was in the market. Portions of muscles were examined from 1394 hogs, and trichina were found in the muscles of twenty-eight hogs, from which the examiners concluded that one hog in fifty in the Chicago market had trichina to a greater or less degree.

Temperature of 170° F. will destroy trichina. In cooking hams to be sliced as cold meat there is great danger that the interior will not reach a temperature of over 130° F., and the encapsulated trichina will not be destroyed until a much higher temperature is reached. Smoking and salting meats have no perceptible effect, and

trichina are found in meat that has undergone long and thorough curing in this manner.

This fact should be strongly impressed upon the public as one of vital importance, as pork enters so largely into the diet of the American people, especially among the laboring classes. In this matter too much care cannot be taken. The thorough cooking of pork whenever it is prepared for table use is absolutely essential.

I desire, in closing, to compare the sanitation of a few centuries ago with that of the present time.

About six hundred years ago the old world was visited by the most dire scourge that ever devastated mother earth. For a quarter of a century people stood silent with fear, or raved with terror; families deserted their hearthstones, parents forsook their children, and children their parents; merchants fled the cities, leaving behind their goods and gold; prayers and incantations were mingled with curses; bishops and priests barred the doors of their churches and the gates of their monasteries; cemeteries were filled with the dead; pits were dug and thousands were thrown into them unshrouded and unmourned. The unburied dead clogged the streets and by-ways, and, festering under the scorching rays of the sun, gave wings to the terrible scourge.

Physicians and philosophers prostrated themselves before the God of superstition and forgot their calling. The French government called a medical council. After many learned dissertations and prudential discussions, the council issued a bulletin which I believe has no equal, and, I am informed, is still preserved in the government archives of Paris. It reads as follows:

CAUSES: "Constellations which combatted the rays of the sun, had struggled with the waters of the great sea and originated vapors; that the sun and fire had attracted a great portion of the sea to themselves, and the waters were corrupted and the fish died; and the vapor overspread the earth like a fog, and the like would continue so long as the sun remaineth in the sign *Leo*.

PREVENTIVE MEASURES: "Constellations striving, with the aid of nature, by virtue of their divine might, to protect and heal the human race; burning of vine-wood and green laurel; also that

the fat men should not sit in the sun, nor rain water be used in cooking."

It seems almost incredible that science, as it embodied itself in the thought and investigation of so learned a body, should have so completely overlooked, if not the first cause of the plague, at least the reason that it became so fatal all over Europe from natural causes.

Absurd as these conclusions of the French Savants may appear to us, their ingenuousness and profundity challenge our highest admiration and serve as an example of the superiority of the good common sense of to-day, to the great learning of that time, dissociated from those qualities and powers which can make it useful in the solution of the vexed questions which arise in practical everyday life.

The investigations of to-day are conducted by Boards of Health, in a manner so thorough and scientific, that epidemics do not jeopardise the safety of any community. To ascertain the cause of disease, the microscopist and the chemist bring their united forces into play.

Drinking water is analyzed; sewerage, ventilation, etc., of our homes are examined, and they point to the natural causes that produce epidemics, and their envenomed sting is withdrawn before their fury is aroused. I thank the members of the Ohio State Sanitary Association for selecting me as their presiding officer; my tenets are so at variance with most of theirs that I never anticipated the honor which their suffrage conferred at our last session, and for their trust and confidence I again thank them.

[The profession, we are certain, will give Dr. Beckwith a vote of thanks for calling attention to the effects of pork eating. Dr. Chapman has recently written asking if we had ever seen a case of tuberculosis in a Jew, who was a strict follower of the law of Moses. We never have; and if any reader of the ADVANCE has seen one we should be glad to know it. Is it a fact that non-pork eaters are exempt from tuberculous affections? Is pork-eating a cause of consumption? If so, the profession should know it.—ED.]

Obstetrics.

TRANSVERSE PRESENTATION: A CASE WITH REMARKS.

CLARENCE WILLARD BUTLER, M. D.

At ten o'clock, P. M., Sept. 15, 1887, I was called by telephone to see Mrs. J—. The message did not state the nature of the trouble for which Mrs. J. desired medical attention and not knowing that she was, as the Germans say, "of good hopes," I found myself on my arrival at her bedside in attendance upon a case of labor, three miles from my office and with a pocket medicine case as my sole *armamentarium*.

Mrs. J. was about 30 years of age, the wife of a mechanic in straitened circumstances, the mother of two living children, and had suffered from, and as I afterwards learned, was the procress of four abortions. The means which she employed for this nefarious purpose, she would not divulge. Since the first month after her marriage, ten years previous, she has been pregnant or nursing almost without intermission. Physically she was short, stout, and fat especially about the abdomen.

Upon examination, the os uteri was found dilated to about the size of the traditional quarter of a dollar. No presenting part of the fetus was to be felt. Fearing an abnormal position, abdominal examination was made, but on account of the extreme adiposity of the abdominal parietes a diagnosis was impossible to me. Determining to wait for wider dilatation I instructed the nurse to call me in two hours time and went to bed in an adjoining room. You have all in your practice met the old woman who approaches a "laying-out" or a "lying-in" with the same morbid delight, and who in the latter class of cases beguiles the tedious hours of parturition with circumstantial accounts of all the cases of difficult and disastrous labor which have occurred within her wide experience and observation, duly embellished by her vivid imagination.

Possessed of unbounded confidence in her own skill and knowledge in all matters tokological, the suggestions of the medical attendant she superciliously ignores and his most explicit directions she willfully disobeys. Both advice and medicine, unless closely watched, she does not hesitate to administer, and it is impossible to tell which is the more baneful of the two. In short she is a lineal descendent of the ancient witches, and chiefly renowned, like her more celebrated ancestors, for her pernicious activity in raising the devil.

Such an uncomfortable old woman was the nurse and relative as well, of my patient. Not trusting to her discretion I did not inform her of my fears, while she, satisfied in her great wisdom that all was progressing favorably, did not call me until seven o'clock the next morning, and then only because the waters had broken nearly an hour before and although the pains were regular and quite severe they were not expulsive. An examination now revealed a transverse position, (right-iliac, dorso-abdominal) the side presenting at the mouth of the womb, with a point about corresponding with the angle of the scapula, over the center of the orifice. The os being now widely dilated, podalic version was determined upon, but upon attempting to introduce the hand, so irritable was the os and so violent its contractions, that after repeated attempts I desisted, deeming such manipulation even dangerous without anesthesia. Accordingly I determined to go at once to my office for the anesthetic. Although this necessitated an absence of more than an hour I did not apprehend serious results from the delay because of the excellent general condition of the patient. At 7:45 A. M., I dropped a dose of Pulsatilla mm. (Tafel) upon her tongue and departed.

At nine o'clock on my return I found the head and shoulders of the child already born, the nates and legs being still within the vagina.

The head had been delivered with the occiput toward the symphyses pubes. The infant which was dead, weighed six and one-half pounds. Mrs. J. reported that the pains

became more severe after my departure though less frequent, and in due time the head was born. Nothing else worthy of mention occurred. She made a good recovery without complications.

There are some points connected with this case which seem to be worthy of consideration and I shall refer to them. In the first place I am satisfied that this was a case of criminal abortion in spite of the protestations of the patient that such was not the case; indeed this opinion was confirmed by the manner and vehemence of the protestations.

"The lady doth protest too much, me thinks."

The sensitiveness of the os uteri and the sharp and sudden contraction of the circular fibres at this part on touch, with the death of the child, make it probable that ergot of rye was the drug used for this purpose. Further examination of the pre-parturient symptoms revealed the fact that motion which had been growing weaker for some days, had ceased entirely nearly a week before the commencement of labor. Indeed there seems little doubt that fetal life had ceased some days before the birth, and this would favor the opinion held by most writers that viability is an important factor in the determination of the child's position within the uterine cavity.

There could have been no error in diagnosis in the case. The os was well dilated, the amniotic fluid had escaped and there was nothing which could interfere in any degree with the easy recognition of the presenting part and its relations to the os, except the violent contractions of the unduly irritable uterus, a difficulty so insignificant and easily avoided that the veriest neophyte could hardly have blundered. Were it not true that there seems a disposition on the part of certain prejudiced critics to carp at all cases as insignificant, or to question the diagnosis where favorable remedial action is claimed for highly potentized drugs, the foregoing remarks would be unnecessary; but in view of such fact an expression of the writer's confidence in his diagnosis may not be superfluous.

Here then was a case of trunk presentation converted

by version into a cephalic and the second stage of labor completed in about an hour. Was this version spontaneous, or was it a direct result of the action of a single dose of a very high potency of Pulsatilla?

The case is unprecedented so far as I have been able to discover, and since no positive knowledge, perhaps no approximate estimate of the value of a drug in any condition can be arrived at from one case, only by further observations can this point be decided. It is not likely that such observations will occur, for in the first place the presentation of the trunk may be expected in only one case out of every 231, according to Swayne (*Obstetric Aphorisms*) while Velpeau in tables collected from many sources finds that in 54,723 cases the trunk presented on an average once in 234 times, and in 48,160 cases cited by Ramsbotham the trunk presented 158 times or about once in 314 labors. Of these cases the great majority were undoubtedly shoulder presentations or quickly became such, as experience amply shows, and in these cases the probabilities of version are much less, since the shoulder from its salient form will usually be arrested at the superior strait, a position which favors spontaneous evolution, but not version. The proportion of cases then, favorable to spontaneous version is a very small one, and from these must be deducted the large majority, since it will very seldom occur that accident will prevent the accoucher from performing podalic version which is his plain and undoubted duty. The settlement of the question of Pulsatilla's possible action then, may be considered as practically impossible by repeated experiences. But I do not hesitate to avow my own belief in its efficacy and my reasons for such belief will be given for your consideration.

Let us if you please, consider the natural processes necessary to spontaneous version. The muscular fibres of the uterus are arranged in three groups; the so called circular fibres, but which are circular only at the lower part of the body of the uterus and at the os,—they embrace the larger part of the cavity of the uterus at low angles of intersection (*Allen's Human Anatomy*, Sec. 6, Article, Uterus);

the variously placed oblique bands, and the longitudinal fibres which, situated most largely on the posterior surface in the unimpregnated, become in the gravid uterus an important factor from the extent and amount of their development. The action of all of these muscles throughout the upper body and fundus of the uterus when provoked to action in labor, after the os is dilated, is to narrow the cavity of the uterus in all directions except from below upward. From the arrangement of these fibres, and from their greater development in the upper body and the fundus of the uterus, the pressure upon the uterine contents must be greater from the fundus toward the os.

The circular fibres intersecting at low angles, bring pressure downward though indirectly; the oblique bands also, though much more powerfully, indirectly exert pressure in the same direction, while the longitudinal muscular fibres almost directly narrow the uterine cavity in its longitudinal axis.

During labor these muscles bring the uterus closely to that part of the fetus most nearly in contact with them. This "moulding" of the uterus to the contents is in accord with the laws of muscular action elsewhere, viz., that muscular fibre is shortened under action in the line of its long axis.

If, now, from some unknown cause, the long axis of the foetus has not, as it naturally should, accommodated itself to the long axis of the uterine cavity, and instead of a breech or a head presenting, the position is transverse, what would be the natural action of the uterus in its endeavor to void its unwelcome contents? It can act but one way. Wherever a part of the child comes closely enough in contact with the muscular fibres to provoke them to activity, this muscular activity brings the uterus closely against that part, moulding it to it as if the position was a normal one, and since the greatest pressure would be exerted upon that part which from its size or position irritates to such natural action the greatest amount of muscular fibre, the tendency would be to press it toward the os as the point of least resistnace and as well because

the aggregate of uterine muscular pressure is, as already stated, in this direction. That part then will be subjected to the greatest amount of this muscular pressure which, from the position of the child is highest in the uterine cavity, both because it presents the greatest surface to muscular action and because it presents this surface to that portion of the uterus which is most muscularly developed. The natural tendency therefore would be by pressing either the head or the breech as might be, toward the os uteri, to convert a transverse into a longitudinal position. The difficulties in accomplishing this are several and great, and it is no wonder that Richardson says (*Obstetrics*, 1887, p. 33) "it is certain that change of presentation after the escape of the waters, is scarcely possible."

Of these difficulties the first and most important is the contra pressure brought to bear upon the extremity of the child which presents itself at the other side of the uterine cavity. The usual explanation, indeed the only one I have found, is that while the muscles on the one side contract powerfully, those on the other relax thus allowing the descent of the one extremity and the ascent of the other. I do not see how any such theory is tenable or can be entertained even for a moment. I know of no physiological law by which muscular fibre under irritation from pressure relaxes. There is none, and in all cases where version is commenced in one direction, it is carried on by the superior force imparted by the muscles of the one side and in spite of antagonistic muscular action on the other. The uterus however having moulded itself to one part, in some measure modifies this antagonistic action by changing the uterine outline and accordingly the direction of the muscular fibres so that there is less direct downward and antagonistic pressure upon the less active side. Indeed it is probable that the lateral pressure exerted by this direction of muscular fibre may be in some slight measure auxiliary to the process already begun, although it must be slight as compared with the inimical action. It would seem that after a certain portion of the labor necessary to produce the descent of that part originally subjected

to the greatest pressure, and therefore under that pressure carried toward the natural outlet had been accomplished, that a balance would be established between the forces exerted by the two sides of the uterus and therefore that further progress would be impossible. This does not occur however, principally I am of opinion because of the original moulding of the uterus; because of the necessary change of the direction of the muscular fibres of the opposite side by this process; and because of the well known fact, that a muscle under continued stimulation to certain work becomes more irritable and consequently more prompt in its action under the same stimulus up to the point of temporary paresis from exhaustion. Another difficulty to be overcome, and often one not possible to be overcome by Nature's unaided efforts, is the arrest of the shoulder at the superior strait, but this accident if it occur, introduces considerations wholly foreign to the subject now under consideration. I think therefore that it may be safely assumed that in all cases of transverse position the effort of nature unaided is to convert this transverse into a longitudinal position; in short that the *attempt* of nature is always to accomplish spontaneous version. If this then is the natural process, and it seems to be, is it a matter of wonder that a remedy may have such effect upon the system as to further that process? No one thing in drug action is more certain than that drugs have the power by their inherent affinity for certain tissues and organs, to modify their functions and even to change their structure. And no one thing in remedial action is more positive than that certain remedies have a marked power in controlling and regulating muscular action,—especially perhaps uterine muscular action. Of all drugs which have the power to change irregular and inefficient labor pains into regular and efficient ones, none is better known nor more often needed (indicated by definite symptoms, of course), than *Pulsatilla*. This is a fact so well known that no proof need be offered. If then, the process accomplished in the case recorded, was a natural one; if the drug used has an undoubted and acknowl-

edged power over the natural processes of labor; if the version was accomplished more rapidly and more easily than any other on record, why should we doubt that the efficient factor in the favorable result was the action of the remedy.

Dr. H. C. Allen: I am very much pleased with the paper. I think it is one of the best illustrated cases of version by the indicated remedy I have ever heard, and I congratulate Dr. Butler on the logical demonstration of the *modus operandi* of the remedy.

Dr. Kent: I had one peculiar case, but I am afraid to report everything. It was one of the cases of a midwife, experienced, well educated and of thirty years' practice. I had seen a number of her cases and considered her highly accomplished; she occasionally sent for me to share the responsibility, and this one was a tedious case. She had diagnosed a breech presentation, and sent for me with a note saying she expected a two days' job and wanted me to come and assure the family that if it should be three days it would have a favorable termination. I went to the house, made an examination, found a breech presentation and confirmed her diagnosis. The dilatation of the os was nearly as large as a half dollar. I gave a dose of Pulsatilla and assured the family as she requested me with all conscientiousness and thought no more about the case.

The next morning she called at my office. The patient I learned had a good many pains, irregular and spasmodic. She was a Pulsatilla patient, and I paid more attention to the case by taking symptoms and seeing what remedy would help her through. The midwife then said: "Why did not you tell me I made a mistake in that diagnosis? I am an old fool to practice midwifery for thirty years and not know a head presentation. You knew it was a head presentation. That child was born head first." Did the Pulsatilla do it? It was born in a few hours after I left the house.

Dr. Nash: I was very much pleased with the graphic description of Dr. Butler's case; it seemed as though I

could almost see "the devil raised." But while we are talking about the powers of Pulsatilla, it seems to me that while I have no doubt this has been the case in many instances—and we have reliable reports to that effect from those who ought to know—it is possible this is not the only remedy capable of performing such work, and we should seek to find the indications which lead us to prescribe Pulsatilla. I believe that Caulophyllum, when understood, may accomplish the same results; and our lady physicians should make it their particular business to prove Caulophyllum and those remedies which have an especial action upon the generative organs of women, so that we can use them as well as Pulsatilla.

Dr. Butler: It is not at all uncommon with us, without remedies, for the child to change position at the last moment, if the waters are not yet broken; it is easier for the child at this time to change. In my case the waters had broken half an hour before and the irregular contractions of the uterus had taken place—it seemed a very peculiar case—and when I gave a dose of Pulsatilla I had no idea of any results. The only case I have found is one Dunham gives. It is difficult to tell whether he means version or evolution. The only case I know is where Valpool saw a shoulder presentation turned by Pulsatilla.

Dr. J. V. Allen: We know that the natural labor is the head, and if it is unnatural, it is amendable to treatment, and I think that the medicine indicated homeopathically will relieve that which is unnatural and bring it back to the natural. And, in my experience, any of these remedies indicated by the symptoms will relieve. One was a case of Dr. Guernsey's. He was sick and I went to the house. The lady had been in labor several hours; it was a very cold morning. I noticed she was up every two or three minutes running around the room with terrible pains in the limbs. I found no dilatation of the os, and I asked her why she did this. She usually felt better she said while in motion. I gave her Rhus tox, one dose of the cm, and sat down to get warm. She said she felt a good deal better and did not feel like getting up and walking around.

The os was now dilated about the size of a dollar, and the labor was over in fifteen minutes.

Dr. Schmitt: I had a case almost similar to Dr. Butler's. I was called to see a case attended by a midwife, also very experienced. She did not like me because I am a Homeopath. I asked her what was the matter; she said "examine yourself." I did not say that I found a shoulder presentation, but pulled down a hand to make sure, and then I said, "Here we have a shoulder presentation," and she agreed. I could not turn. The woman had pains in the abdomen. It was a *Pulsatilla* case and I gave a dose of *Pulsatilla* 200. About ten minutes afterwards she was fast asleep—no pains, a sure sign the *Pulsatilla* was acting. We went into the other room while she slept for an hour. I went home, saying everything would be all right when she awoke. I was called in the morning about 8 o'clock, and when I reached the house the child was born; she said by the breech.

Dr. Butler: The shoulder presenting, the breech was carried up towards the upper part of the fundus uteri and the first action of the muscular fibres was upon the breech which carried it around in that way.

Dr. Schmitt: There was no mistake about the presentation. If the remedy acts, it often puts our patients to sleep. She slept from 3 to 7 o'clock in the morning, and after a few pains the child was born. The version must have taken place during sleep. With regard to what Dr. Nash said, I mentioned a case in our meeting at Syracuse where *Sepia* 200 restored the natural presentation.

Dr. Long: I would like to report a failure along this line. I wish to preface my remarks by saying it was due to the fact that the patient did not receive constitutional treatment prior to the labor, which is the most important part of obstetrics. Last November, a year ago, I had a colleague drop in to take tea with me. I had been called at 9 o'clock the previous night to a case of labor, primipara, and diagnosed a breech presentation. I thought I had elicited the whole history of the case, and was warranted in giving *Pulsatilla* 1m. My patient was a very patient

woman, and had known me for twelve or fifteen years. She didn't call me during the night as I had requested her to do unless she was relieved, but spent the night in walking around the room. In the morning I thought I was justified in giving *Lycopodium*. The os was sufficiently dilated for me to attempt version, as it seemed impossible for the breech to advance. I continued *Lycopodium* throughout the day, and spoiled the doctor's supper in the evening by asking him to go with me in this case. Remedies apparently were useless. I introduced my right hand and brought down the feet, and with his assistance manipulating the external walls of the abdomen, delivered the child. I was frightened, because the child hadn't a particle of skin from the knees down, and I thought I had done it with my fingers. Here is the history of that case in short words: This young girl had married a farmer, and they were forced to struggle for an existence. During the summer months, while in the fields picking peas, a large snake jumped out at her, and she was found unconscious in the field. Now she certainly required constitutional treatment from August until November, when the child was born. Two or three physicians saw this baby; it was literally covered with sores. The father is tuberculous—two of the family died with phthisis. The child, from the effect of the summer heat and the over-heating of the mother, has been nothing but one mass of scabs from the head to the feet. To-day she has apparently recovered all her vitality; she has good skin, has teeth, and her feet, which were deformed, are become natural and normal, and I believe she has the making of a strong, healthy child. I believe all the conditions, the proper position, and the whole hygienic treatment should be attended to prior to the time of abor. That is the time to administer remedies. *Pulsatilla*, *Chamomilla*, *Nux vomica*, *Lycopodium*, failed in this case.—*Trans. I. H. A.*, 1889.

AN INTERESTING CASE.

J. B. G. CUSTIS, M. D., WASHINGTON.

Mrs. H., age 24, light complexion, medium height and build, primipara; called me about 10 a. m. She had had pains all night at irregular intervals. I found the os slightly dilated and the child still at the superior strait (?). I had great difficulty in making out the presentation, because I could not find the fontanelles, but finally determined that the head was in the first position and settled myself down without any anxiety.

Pains increased and the child moved to the brim of the pelvis and there remained, while the pains grew weaker and farther apart.

Upon examining the pelvis I found the antero-posterior diameter was very long, while the transverse was very short; a condition which prevented the rotation of the head. I now determined to use the forceps, and had no difficulty in applying them in the usual manner, and the head descended to the pubes, where it stopped, and to my chagrin the blades slipped from the head. It was the first time that this had occurred with me while using my own (Hodge's) instrument.

Again I applied them and again they slipped. As I could not find anything the matter with them I looked over the field again, and then applied them with one blade under the pubes and the other in the hollow of the sacrum, with the lock presenting to the right thigh. By using all the compressing force I could and pulling down and back, I succeeded in dislodging the head and in delivering a living child with the forceps still in the above-mentioned position, one blade being over the occipital portion of the temporal bone of one side, the other over the parietal bone of the opposite side.

There was no tearing of the soft parts, and the mother presented no unfavorable symptoms. I suppose that this was because of the dread that Bacteria have of a high potency case.

The main interest in this case centers around the child. I could find no fontanelles, anterior or posterior, and with difficulty could define the sutures. The skull was hard and smooth, while the scalp seemed to be about three sizes too large, which accounted for the slipping of the forceps. The *caput succedaneum* was so large and the bones so unyielding that the head could not be held.

The child did well for two days when it suddenly became jaundiced. At my call on the fourth day I was surprised to find that my baby had apparently dwindled away. It had moaned all night, the head was thrown back, eyes half open, thumbs turned in, and in short it showed every symptom of effusion at the base of the brain. On account of the above symptoms and dark urine I gave Hellebore, and returning in the evening found no improvement, but rather a loss of strength, and the stools had changed from yellow to green. I now gave Mercurius viv. which had acted so favorable in trismus nascentium with the same symptoms.

The case now seemed to stand still for two days, when, without any previous swelling or redness, there was a profuse discharge of pus from the place where I had been looking for posterior fontanelle, through an opening in the scalp as large as a three cent piece. Immediately there was an improvement of the brain symptoms and of the jaundiced condition.

My love for pathological knowledge was not sufficient to lead me to probe the sinus, but think that the abscess was evidently in meninges of the brain upon which it pressed. As the forceps did not press on that point I do not think they caused the abscess.

The discharge grew less each day for three weeks, under the influence of an occasional dose of Silicea, while being careful not to allow the vent to become closed. As it improved and the child grew, the anterior fontanelle opened and now I have a first-class, five weeks' old baby, normal in every respect.

This condition of the head I ascribe to the fact that the

mother was in the habit of eating Carbonate of Magnesia to relieve "heart burn." She did this by the advice of neighbors, without thinking of asking me for a remedy.

I draw the following lessons from this case, viz.:

Apply the forceps with relation to the pelvis of the mother without regard to the position of the head.

Always tell your patients what not to do. Give the babies a chance, they need no ice bags, nor even hot water on their heads.

In this case it was allowed to lie quietly, being fed by a spoon with milk drawn from the mother's breast.

Dr. Baylies: Was there any adhesion of the scalp, any indications for remedies?

Dr. Custis: Not at that point, no indications for remedies immediately after birth.—*Trans. I. H. A.*, 1889.

REPERTORY TO LABOR AND AFTER PAINS.

JOHN V. ALLEN, M. D., PHILADELPHIA.

LABOR PAINS.

Abdomen, with cutting pains from before, backward and upward, in, Gels.
in, Phos.

cramps in, and shooting down legs, Vibur.
weak feeling in, Phos., Sep.

Air, must have fresh cool, Puls., Cham.

Ammniotic fluid gone, with, Bell.

Anguish, with, Acon., Nat. c.

Appearing and disappearing suddenly, Bell., Mag. p.

Back, pains lingering in, and pass down buttocks, Kali a.
go up to, Gels.

cutting across lumbar region, Kali c.
worse in, Caust., Nux v.

Bear, which she can hardly, Cham.

Belching, with relief by, Kali c.

Body cool, with, Arn.

Bruised feeling in body, with, Arn.

Breathing deeply, with, Ign.

Ceasing, Bell., Cham., Carbo v., Caul., Cim., Gels., Graph., Kali c. Nat. m., Nux v., Op., Plat., Puls., Ruta., Sep., Sec., Sulph., Thuja..
from hemorrhage, Cinch.
violent diseases, Carbo v.

Cessation of, (entire) Cim., Guar.

Cervix, with needle-like pains in, Caul.
shooting in, extending upwards, Sep.

Chest, go up to, Gels.

Cramps in lower extremities, with, Cup.

Contraction, hour-glass, with, Bell., Cham.

Convulsions, with, Cinch., Sec.
hysterical, interrupt the, Mag. m.

Covered, will not be, during, Camph., Sec.

Cutting, Gels., Ipec., Phos.

Darting, Ipec.

Distress, with great, Acon.

Distressing, Acon., Amm., Aur., Bell., Cham., Cim., Coff., Con., Gels., Kali b., Lyc., Nux v., Phos., Plat., Sep., Sec.

Death, with extreme fear of, Acon., Coff.

Desperate, make her, Aur.

Drowsiness, with, Nux m.

Dryness of parts, with, Acon.

Dyspnea, with, Puls.

Endure, she cannot, Cham.

Eructions violent, with, Bor.

Eyes injected, with, Op.

Exhaust her, Verat.
she is out of breath, Stan.

Exhaustion, from long protracted labor, Caul.

Face flushes up red, with, Amm., Fer.
hot, with, Bell.
dark red, with, Op.

Fainting, with, Cinch., Cim., Ipec., Mag. m., Nux v., Nux m., Puls., Sec.
every pain causes, Nux v.
from least motion during, Verat.

Fever, with, Caul.
Frantic, which render her, Cham.
Foot against a support, and pressing and relaxing alternately, relief by, Lyc.
Forebodings, with, Nat. m.
False, Caul, Nux v., Vibur.
Grief, Caust.
Hands touched, cannot bear to have, during, Cinch.
Hemorrhage, with, Cinch.
Hard one, with several light ones after long intervals, Coc.
Head hot, with, Arn.
 congestion to, with, Aur.
Headache throbbing, with, Bell., Coc.
Heart, palpitation of, with, Aur., Puls.
Ineffectual, Coff., Plat., Puls.
Inefficient, Acon., Bell., Caust., Goss., Ust.
Insupportable, Coff.
Interrupted, Plat.
Irregular, Aeth., Caul., Caust., Coc., Cup., Nux m., Puls., Sec.
Irritability, with, Cham.
Jarring of bed, sensitive to, Bell.
Jerking, with, Op.
Lamenting, with, Coff.
Legs, with numb and paralyzed feeling in., Coc.
 shooting down the, Vibur.
 tearing down the, Cham.
Light, sensitive to, with, Bell.
Lingering, almost painless, Goss.
Located, not rightly, Cim.
Moaning, with, Acon.
Motion, must keep in constant, Lyc.
Nausea, with, Ipec., Mag. m.
Needle-like, Sep.
Noise, sensitive to, with, Bell., Cim.
Os, contraction, spasmotic, with, Bell.
 dry, with, Acon., Bell.
 dilated, but patient has become tired and fretful, with, Caust.

Os, dilatable, with, Ust.
 hot, with, Bell.
 rigidity, Caul., Cham., Cim., Con., Gels.
 soft, Ust.
 Painful, Plat.
 Pains, similar to, Cham., Camph., Jun., Kreos.
 Perspiration, with, Nat. c., Puls.
 Progress slowly, Caul., Nat. m., Puls.
 Prolonged and forcing, Sec.
 Pulse weak, with, Sec.
 Relaxed, everything seems, during, Sec.
 Rapid succession, follow in, Acon.
 Restlessness, with, Acon., Arn.
 between pains, Cup.
 Rubbed, desire to be, which relieves, during, Nat. c.
 Sacrum, with only slight pressure on, Bell.
 Sluggish, Puls.
 Severe, Cim., Coff.
 Sharp, Kali c.
 Short, Caul.
 Shivers, with, (in first stage), Cim.
 Shrinks, from, Cham.
 Shuddering during, wants to be covered, Sep.
 Skin cold, with, Camph., Sec.
 Sleeplessness, with, Mag. m.
 Sleepiness (drowsy) with, Nux m., Op.
 Slow, Bell., Con., Nux m.
 Sopor, with, Op.
 Soreness all over, with, Arn., Ruta.
 Spitefulness, with, Cham.
 Spasmodic, Caul., Cham., Cim., Caust., Coc., Con., Cup.,
 Nux v., Nux m., Plat., Puls., Stan.
 Stool, with urging to, Nux v.
 retention of, with, Op.
 Strong too, Bell., Cham., Coff., Con., Nux v., Puls., Sec.
 Sudden, Bell.
 Suppression, Nux m.
 from fear, Op.
 fright, Op.

Tearing, Cim., Cham.
 Tedious, Bell., Cim.
 Tardy, Gels.
 Tenderness of parts, with, Acon.
 Thirst, with, Caul.
 Touched, cannot bear to be, during, Cinch.
 Tremor, with, Nat. c.
 Twitching, with, Op.
 Undilatable parts, with, Acon.
 Umbilicus, sharp cutting about, which dart off towards
 uterus, Ipec.
 Upward, go, Lyc.
 Urinate, with urging to, Nux v.
 Urine, with retention of, Op.
 Vagina dry, with, Acon., Bell.
 rigidity of, with, Ars.
 sensitiveness of, interrupt, Plat.
 Vulva dry, with, Acon.
 Vertigo on turning in bed, with, Con.
 Violent, but do little good, Arn., Caul., Coff., Phos., Plat.
 Weeping, with, Coff., Lyc., Nat. m., Puls.
 Window, with desire to jump out of, Aur.
 have open, Puls.
 Weak, too, Aeth., Arn., Bell., Cann., Caul., Cim., Gels.,
 Kali. c., Op., Puls., Sec.; also, Bor., Camph., Carbo
 v., Cham., Coc., Graph., Ign., Lyc., Mag. m., Nat.
 m., Nux m., Nux v., Plat., Ruta, Sep., Sulph., Thuja.
 patient very, Caul.
 Women, in corpulent, Graph.
 tall, slender, Phos.
 cachectic, Sec.
 blondes, Vibur.

AFTER PAINS.

Abdomen, spasmodic across lower, extending into groins,
 Caul.
 violent in, Fer.
 with sensitiveness of, Sab.
 Air, wants fresh, Cham.

Arms, with constant sense of weight in, Sep.

Back, felt mostly in, Sep.
 with bearing down or forcing in, Sep.
 stitching and shooting pains in, going down to
 gluteal region or hips, Kali c.

Bearing down, with strong, Pod.

Breathing, excited by, Bry.

Covered, aversion to being, though surface cold, Sec.
 relief by being, Rhus.

Cramping, Cup., Col.
 in calves, Rhus.
 extremities, causing, Cup.

Delirium, with, Hyos.

Delivery, after instrumental, Hyper.

Death, with extreme fear of, Acon., Coff.

Despondency, with, Ign.

Distressing, Cham., Coff., Cup.

Endure them, she cannot, Cham.

Evening, worse in, Puls.

Extending from left to right, Con.

Face fiery red, with, Fer.

Faint weak feelings, with, Sulph.

Feelings changeable, now better, now worse, with, Puls.

Fingers, causing cramp in, Cup.

Flatulency with, Pod., Nux m.

Forcing, as if contents of pelvis would be forced through
 vulva, Bell.

Groins, extend to, Caul., Cim.

Headache, agonizing, with sensation as though the face
 was drawn towards root of nose, then backwards
 towards occiput, as if by a string; eyeballs
 painful to the slightest attempt at motion,
 Paris.
 severe in right side back of orbit, with, Cim.
 with, Fer.

Heat, with flashes of, Pod., Sep., Sulph.

Intense, with imperfect contraction of uterus, Paris.

Jerking, with, Hyos.

Long, too, Puls.

Lochia, brown and thin, Sec.
 dark colored, with, Cham.
 Lochial discharge which seems hot, with, Bell.
 increased with each pain, Bell., Xan.
 scanty, Sulph.
 suppression of, entire, Paris.
 Labor-like, with discharge of partly fluid and partly clot-
 ted blood, Fer.
 Loins, violent in, Fer.
 Low-spiritedness, with, Cim.
 Motion, excited by, Bry.
 relief by, Rhus.
 Multiparae, in, Cup.
 Nausea and vomiting, with, Cim.
 Night, worse at, hardly any during the day, Rhus.
 Nursing excites, Arn., Con.
 Over-sensitiveness, with, Cim.
 Painful too, Acon.
 Prolonged, Acon., Sec.
 Protracted labor, after, Caul.
 too, Nux v.
 Pubes, pains from sacrum, to, Sab.
 Restlessness, with Cim., Puls.
 Sacrum and hips, with severe headache, violent in, Hyper.
 to knees and ankles, thence up to sacrum, jerks
 here and there, from, Phyt.
 Sadness, with, Ign.
 Sensitiveness to the pains, with, Cim.
 Severe too, and too long lasting, Gels.
 Shuddering, frequent, with, Fer.
 Sighing, with much, Ign.
 sleep, cannot compose themselves to, Gels.
 prevented though sleepy, Coff.
 Sleeplessness, with, Cim.
 Soreness in uterine region, so that she dreads to be dis-
 turbed, with, Nux v.
 Spasmodic, Hyos.
 across lower abdomen, Caul.
 Stool, with desire for with every pain, Nux v.

Stool, with ineffectual urging to, Nux v., Paris.
Tenderness to pressure, uterus does not contract properly,
with, Cim.
Thighs, from sacrum around to pubes and down the, Sulph.
shooting down the, Lac can.
extending down the anterior of, Xan.
Toes, causing cramp in, Cup.
Trembling feeling all over, sense of, without trembling,
Sulph. ac.
Twitching, with, Hyos.
Vagina, with pains shooting upward in, Sep.
Vertigo, with, Fer.
Violent, too, Nux v., Puls.
Warm room, likes to have, Nux v.—*Trans. I. H. A., 1889.*

THE VALUE OF STRICTLY HOMEOPATHIC TREATMENT DURING PREGNANCY.

JULIUS G. SCHMITT, M. D., ROCHESTER.

Mrs. Bertha M., 29 years old, a dark complexioned, robust German woman, has been married eight years and had given birth to six children, all of whom died soon after birth. She never had a miscarriage. The last child whom I was called to see, had a large Telangiectasis on back, soon assuming a purplish black color, and died two weeks after delivery. On February 27, 1884, soon after the death of the above mentioned child, she called at my office for treatment, since she had been told by me, that by a radical change of her constitution a state of affairs might be brought about, which would enable her to bear children, that could live.

There was no syphilitic history, as far as I could learn. Shortly after her marriage large ulcers appeared on her legs, which were treated by "scientists" of Germany and healed very slowly; these cicatrices are still to be seen.

Now an ulceration at the root of right upper canine tooth, of which the crown, like those of a good many other teeth is broken off. The incisors are all in a half

decayed state. Tearing in right side of face, worse during the day; has to wear a cloth around that side of face, even in the warm room, worse from cold air. If she exercrs herself and becomes warm, the pain is more severe and reaches up to ear and right side of head. Also worse from cold drinks. Much salivation. Mercurius sol. cm, one dose.

May 9, 1884. The above acute symptoms disappeared soon. To-day she complains of great anxiety in the epigastrium after eating, and drinking beer. She is hungry, but is afraid to eat, as it makes no difference, whether she eats ever so little. Swelling of feet, while using them during the day, disappearing at night. Tearing in the legs and general lassitude. She is pregnant since two months. At times dizzy; constipated; frequent urging to urinate with scanty discharge; sore feeling in hypogastrium; faint in stomach, if she does not eat something at 9 A. M. Sulphur cm.

May 27, 1884. Anxiety of stomach had disappeared, until the last two days when she again noticed it. She had felt real good, somewhat worn for the last two days. Less frequency of micturition; feet swell somewhat, but not as much as before, suppuration in the root of a right-sided upper molar tooth. All other symptoms better. No medicine.

July 1, 1884. Feels worn for the last four days; great lassitude in legs; tearing in left calf, especially *when sitting, better when lying or walking*; cramps in calves after exertion; tearing in right teeth, better from keeping something warm around face; swelling of right foot; constipated; constant sleeping. Sulphur cm, one dose.

August 4, 1884. Bluish, *marbled skin* of left foot and small varices above the outer malleolus, aching during a storm. Gums dark red with darting pains at different places. Thuja cm, one dose.

September 22, 1884. Soreness of abdomen, better after stool. Tongue had been very sore, now better, and there had been a canker sore on lower lip, which has also healed. Legs the same yet; stool constipated; feet feel so tired

that she can hardly walk; she had felt very well after the last medicine. *Thuja cm*, one dose.

October 20, 1884. Anxiety in epigastrium after eating and drinking beer; tearing in right side of face and now also on left side up to ear; she feels tired, but not as much as before. *Sulphur cm*, one dose.

November 12, 1884. Since 12 m. such rolling in abdomen and pain around hypochondriac regions; heaving and bearing down in hypogastrium; stool, which had been regular, constipated for the last few days; more urging to urinate again; all other symptoms gone. *Thuja cm*, one dose.

December 5, 1884. Was better, now worse again; more bearing down again and tearing in left side of face. *Thuja mm*, one dose.

December 21, 1884. An apparently healthy child was born on the 14th of December. Soreness and hardness of mammae yielded to one dose of *Bryonia cm*; now she complains of pains in lower abdomen; bowels have not moved since the day of delivery. Great excitability. *Sulphur cm*, one dose.

March 14, 1885. The baby died of eclampsia, when four weeks old, within eight hours. She is very much grieved but is determined to keep on treatment, as I still gave her strong hopes that finally we should succeed.

She complains of tearing in upper teeth of right side, up into ear, eye and right side of nose; she dares not touch the teeth. *Mercurius cm*, one dose.

May 19, 1885. When her menses appeared for the first time after the last delivery, she had been sitting on a cold floor and menses stopped immediately. The next time were very scanty. She feels so tired, has congestions to the head with headache at times. At the time of menses crampy pains in abdomen. *Sulphur cm*, one dose.

April 9, 1886. She is nursing a ten weeks' old baby, had at first plenty of milk, now the milk is disappearing; when baby draws five or six times, no more milk will flow. Tearing in right side of face, when exposed to a draught; nightly profuse sweats all over body, but especially on the

head. Perspiration smells strong. Bowels move every other day.

March 22, 1887. Menses have not appeared again, thinks she caught cold. Congestion to head with dizziness and at the same time a sensation in lower abdomen, as if menses should come. The legs feel as if the former ulcers were to break open again. Chilliness. Belladonna cm, one dose.

March 28, 1887. Feels better generally. Menses have not come, thinks she is again pregnant. No medicine.

December 12, 1887. Nurses her second living child eight weeks old, milk disappearing, as with the preceding one. Swelling of face, following the tearing in teeth. Crusty eruption around mouth, soreness of corners of mouth. Mercurius mm, one dose.

This has been the last prescription for the woman, who has been apparently well ever since. Both children are thriving, although they both passed very critical periods, while teething and were saved by the most wonderful action of Borax.

The success of pure Homeopathy in modifying the chronic miasma, which in this mother had, until then, proved fatal to the offspring, is apparent. At the same time, however, I would call your attention to the change of symptoms calling either for Mercurius, Sulphur or Thuja and in alternating these remedies according to the teachings of Hahnemann and not according to empiricism the desired result was accomplished.

Dr. Long: I would like to ask the doctor, were those teeth removed?

Dr. Schmitt: No, she did not have them pulled; she always got better.—*Trans. I. H. A.*, 1889.

MEDICINE IN PARTURITION.

H. W. BRANDT, M. D., GOODLAND, KANSAS.

I frankly acknowledge my inability to do justice to a subject as great as this. However I will add my mite, and by so doing may encourage others who are more able. I have never been obliged to forsake the law, and I find by the close observance of it at all times you will not only shorten but lessen the pains of labor. I have used in all cases the remedy that was best indicated by taking the objective and subjective symptoms as a whole, and I have been rewarded with speedy and safe labor, but not rapid and violent, controlling spasmotic and urging lagging pains, and at all times assuring the patient of the progress made. I will give some cases and hope they will be of service to some one:

CASE I. Mrs. B—, aged 31, sanguine temperament, fifth labor; had always been sick for forty-eight hours, and sometimes longer, followed by profuse and alarming hemorrhage. She was taken sick at 2 A. M., restless and tearful, and at times spiteful. I watched her for a time and decided on Chamomilla. I gave her a few doses of the 6x in water and awaited results. She soon quieted down and the pains became regular and dilatation went on. She had a very easy labor. At 7 A. M. I delivered her of a male child weighing 9½ pounds, just five hours from first pains. She had no return of former hemorrhages.

CASE II. Mrs. W—, aged 24, light complexion and high temper; second labor, her first being triplets. She was taken sick in the evening, sent for a physician, but the one sent for being sick sent another in his place. Upon his entering the room her pains left her, as she did not wish the one who came. She remained so for at least eighteen hours, then sent for me. I found her quiet and seemingly indifferent. I made a very careful examination, found every thing in good condition, but at a standstill; her pains were far apart and seemingly suppressed. I could get no good indications for a remedy, so gave Sac.

lac., being unaware of the physician's visit before me. I waited for a couple of hours when I remarked that I wanted her to go to work or I would provoke her to anger, when one of the ladies who was in attendance said: "send for Dr. ——, he had her angry last night." The cat was out, so I took the situation in, asked some questions,—she being frightened by the Dr. as she thought he lost all of his cases, and the fear seemed to remain. I decided on Aconite 10x, and in less than an hour and a half she was delivered of a fine boy and was comfortable.

In regard to medicine prior to confinement, I believe the one chosen with strict adherence to the law of similars is the best, and will accomplish more than any of the so-called specifics. We must be careful and keep out of ruts. Better take time and do our work well and reap the reward of all who strive for eminence.—*Trans. I. H. A.*, 1889.

CARE AND TREATMENT OF THE BREASTS.

J. B. GREGG CUSTIS, M. D., WASHINGTON.

Last year I spoke in favor of the members of the Association giving their practical experience and methods of treatment in the care of their patients. The proposition did not meet with favor, and I will say nothing more about it, though I will follow the same method in speaking of "The Care and Treatment of the Breasts" that I did in treating of "Puerperal Convulsions," confining my remarks to the conditions and diseases of the breasts caused by pregnancy and lactation.

Patients come to us inquiring first what they shall do to harden the nipples and prepare them for nursing. Examine into their constitutions, and if you can find any indications for an antipsoric remedy, give it; for while a woman can have sore nipples who is neither scrofulous nor syphilitic, such conditions give us the nipples which are hard to heal. Have the nipples bathed frequently and gently handled. And for an application I have used, with apparent good results, a mixture of strong tea and brandy

in equal proportions, applying once a day during the last month of pregnancy.

Again, it is asked, when shall we put the child to the breast? As soon as the mother has had a little rest after delivery, or immediately upon delivery if there is any tendency to hemorrhage. There is nothing that causes quicker contraction of the uterus than the nursing of the infant. If the nipple is flat have it drawn out with a breast pipe. The best one for this purpose is one in which the vacuum is formed by the nurse drawing upon a rubber tube. A little diligence on her part will make a nipple sufficient.

After the first nursing do not worry the mother or child by too frequent attempts, for there is generally no milk in the breasts, and now is the time that soreness of the nipples is often induced. Once in three or four hours is sufficient. And if, in the meantime, the child is hungry, hot water given with a spoon will be all that is necessary. As soon as the milk makes its appearance establish regular rules and nurse the child in accordance with them, once in two or three hours. Have the nipples bathed after each nursing. If they become sore notwithstanding, we have then to deal with the greatest annoyance of the lying-in room. And he who will teach us how best to prevent and cure them will surely reap his reward by a unanimous vote of the ladies.

When the trouble is simply the result of bruising by the efforts of the child in nursing, a weak solution of Arnica or of Hamamelis will be all sufficient. It is best applied by means of a thin layer of absorbent cotton saturated with the remedy. If the nipples are cracked or fissured I have found the following to give greater relief than anything else that I have used, or seen tried, and from your experience you doubtless know that that means a great many things, viz., a teaspoonful of glycerine mixed with the white of an egg and applied freely after each nursing. It forms a coating over the fissures and gives great relief, while it is devoid of the odors and uncleanliness of most of the salves in use. The glycerine is simply stirred into the egg without beating.



As to internal remedies, the most important are the constitutional medicines, such as Sulphur, Calcarea, Graphites, Sepia, etc., but if the pains caused by nursing give an indication for any special remedy follow it; such remedies as Croton tig., Phytolæcca, and Cistus being often indicated.

Again, our patients are subject to so-called milk fever, which develops about the third day after delivery, and is ushered in by a slight chill followed by a slight fever. The breasts are full and tender. This condition rarely occurs when the patient is treated rationally and let alone. If it should occur we usually have Aconite or Bryonia symptoms, and they prove sufficient. It is well to leave a powder of one or the other when making your third visit, to be given in case of necessity. It will often prevent trouble.

If the milk should come with a rush we may have lumps in the breast. These can be dispersed by sweating the breast. My method of doing this is to use a compress of absorbent cotton wrung from hot water and kept hot for about twenty minutes, then taken off and the breast gently rubbed with warm oil, always towards the nipple, after which the excess of milk is drawn off by the pipe. If the excess of milk is allowed to remain, the congestion may result in inflammation; or if the patient become chilly we may have all the consecutive stages of mastitis to contend with. This is generally the cause of true parenchymatous mastitis. Notwithstanding the teaching of recent writers that, using their language: "Mastitis always results from infection, and is caused by bacteria which gain entrance through the milk ducts or fissures," and is to be prevented therefore by bathing the nipples with carbolic acid or some other antiseptic. The treatment I have given, with the indicated remedy, will scatter such lumps and save the patients much suffering.

The same treatment can be advantageously followed even when you get the case from your old school neighbor. He will relieve the pain and cause the abscess to point, if the disease has gone so far. The remedies called for will be

Aconitum, Bryonia, or Phytolacca in the first stage, and Hepar, Silicea, Cistus, Tarantula, etc., in the second, when pus has formed. After the abscess has broken Silicea, Carbo an., Fluoric ac., etc., will be indicated.

I never use the lancet until the pus has reached the surface and a prick only is needed.

There is a form of subcutaneous inflammation which attacks some breasts. It is simply an abscess, and can be treated as a furuncle, and brought to a head as soon as possible, and opened without fear that a fistula will be formed.

Again, we may meet another form of disease of the breast, viz., inflammation of the lymphatics, the occurrence of which is due to constitutional predisposition, awakened during the puerperal state. It is diagnosed by the pain and soreness following the course of the lymphatics. It needs no peculiar treatment, and gives no excuse for the use of the knife. Belladonna or Rhus is most generally indicated. If the breast has contained any indurated glands before, we are apt to have a chronic or cold abscess which requires great patience, but which is met by Graphites, or by one of the Calcareae, especially the iodide.

Again, we may be called on to treat a case of malaria, and find that our patient has had a severe chill followed by high fever and a profuse sweat. She will ache all over until the sweat develops, which greatly relieves it. She will not complain of the breasts, but upon examination, and by pushing the breast to one side as far as possible you will discover a sore spot. If you do not successfully treat the case, the same symptoms will recur on the next day and the day following. Then you may have an intermission of several days, and have the same symptoms repeatedly. Often the breast does not cause special trouble until after this return of the chill and fever. These cases are often mistaken for intermittent fever, and when treated by those who follow the supposed pathological condition the results are disastrous to both the comfort of the patient and function of the breast. The remedies called for in my

experience have been Aconitum, Bryonia, and Phytolacca, when I had the case from the beginning; but if it came to me after anti-malarial treatment, Lycopodium, Silicea, Calcarea, Fluoric ac., etc.

The same will hold good here as in the other cases. Do not lance. When the pus has reached the surface you may simply prick the skin to give it vent. Poultices are dangerous to the integrity of the breast, as they increase the destruction of tissue. And while we can subdue the pain by our remedies, there is nothing gained by hurrying the suppuration by such means. Hot water soothes, and in the early stage will help to subdue the inflammation.

Pardon me if I go too much into details, my object being to offer a guide to those who have not had experience, and to keep them from following the books which teach what is harmful to the patient and contrary to our tenets. I want this organization to help the beginner, so that they will not have so many things to unlearn and to look back upon with regret. At some future time I will give indications for remedies with a repertory.

Dr. Biegler: It is an important paper in so far as it presents points for consideration to the members of this Association. It involves the question of local applications, which he here recommends, such as *tea* (a decoction) to previously harden the nipples; the application of Glycerine, and the naming of certain principal remedies for certain conditions and for certain diseased states. I hope the members will take this paper in hand.

Dr. Guernsey: It is a question whether the nipple requires to be hardened; or rather, I think it should be softened, and so far as any local means are concerned, I don't know why in this or in any other case our patients should hold to their fancies or that we should deviate from what we think is right. If anything is used (as a local application) dissolve the remedy in water, which is very simple and much the best way. For tenderness of the breast Sulphur is the remedy, and for cracking of the breasts (around the base of the nipples) Graphites. Dis-

solve the remedies in water with four parts of alcohol and apply after nursing.

Dr. Sawyer: I have had some experience in these cases. I have never yet seen a case of cracked nipples, sore nipples and abscess of the breasts in the patient free from miasms either psora, sycosis, scrofula or other kind of taint; and the best results are obtained from treating the patient and not the nipple—treat the patient every time. I permit them sometimes to make a case of beeswax and softening it to the shape of the breast which only keeps the patient warm and allows her to do no harm. But the indicated remedy will do the work every time.

Dr. Nash: Dr. Guernsey says it a question whether they ought to be softened or hardened. The patient wants them toughened, so I refer them to the tanner if they want them tanned. As Dr. Sawyer has just said, formerly I have tried these things and there's no objection to using glycerine or egg, or beeswax, to amuse the patient while we cure them constitutionally. But I have simply used a solution of the potency of the same remedy as is given internally, and my success is much better.

Dr. Guernsey: We have no remedy that will produce such excessive soreness as Apis, and to my mind Dr. Sawyer's application may have benefitted the nipple as much as the medicine did internally.

Dr. H. C. Allen: Dr. Sawyer will find out that occasionally the patient is so extremely sensitive to the action of Apis that she cannot bear the application of beeswax.

Dr. Sawyer: I will not prescribe it again.

Dr. Bell: One of the great attractions of this society is, that the members are all ready to repent and reform. I think Dr. Campbell and Dr. Custis are going to reform. The application of tea is wrong; it is the same old story of green tea to the eyes. If the patient is psoric, tea will do no good. The patient should not be allowed to use improper means, and it should be our whole duty—our success would be better—to follow the straight and narrow path and have nothing used externally except water or oil just to occupy their minds while the remedy acts in-

ternally. Nothing externally can possibly be of benefit.

Dr. Schmitt: I have a holy terror for those old grannies with their stuff on the nipples. I tell them, I am going to cure those nipples with medicine, but they don't believe it, though in the end I make them believe it. Sulphur, Sepia and Lycopodium are indicated in different cases.

Dr. Biegler: Although it is not now in my province to discuss this paper, yet I cannot let the opportunity go by without expressing my objection to the use of glycerine, as well as tea for external application. I think I have seen very serious results follow its application to mucous surfaces.

If there are no further remarks on this paper Dr. Guernsey will proceed.

Dr. Custis: I want the voice of this Association to go on record in the treatment of these cases. I think they take the brandy for the moral effect. Life is too short to go into a long argument with everybody, and if you can find something that will not do any harm, if you can give a little license without a particle of injury to the patient or medicine, I don't think there is any objection. I have never seen any harm from using glycerine, and have generally looked upon it as harmless. If it is wrong I will give it up. The main point is that we get the expression of members on their exact method of practice in these cases.

Dr. Emory: I think one of the objections to these local applications is best stated, as I once heard my late partner express it in reference to poultices in the treatment of abscesses, pneumonia, etc., which the old school use them for. Years ago, when younger than now, he occasionally yielded to the wishes of his patients in this respect, and when he came back next day, the patient said: "Doctor, what a grand thing that poultice was," when he knew that the change was due, not to the poultice, but to the remedy.

Dr. Custis: I want to refer to one criticism in regard to mentioning remedies for each of the conditions present in a given case. I don't think this a fair criticism for the reason

that there is not one instance when you see inflamed breasts, that you do not have a certain class of remedies in your mind. Dr. Biegler can say at a glance whether any of those remedies meet the case, but I see no objection at all to grouping remedies around the name of a disease provided they are only prescribed upon special indications, and in these cases of milk fever nine out of ten are met by Aconite, Belladonna or Bryonia, and they will generally meet the conditions even if they have not given Apis or something else.

Dr. Biegler: I called that up with the other points, not intending it for criticism. It is a question whether grouping a lot of remedies for certain conditions is not a mistake; it may lead into a ready method of selecting remedies. I only called it up for consideration.

Dr. Reed: If you have a case of diphtheria, and the nurse says, "Doctor, we must be doing something; are you not going to wash the throat or use a gargle?" If you assent to a measure of that kind, you must also use local applications to the breast, and you are just as culpable in the one case as in the other. In a diseased condition of the nose or throat, if you yield in one place you must in another, and you must withstand the pressing urgency of the people. To resist this may seem foolish, but you had better leave the case than compromise your principles.

Dr. Sawyer: It seems to me the course Dr. Custis recommends is decidedly in the way of the beginner. He must examine his books before he prescribes or he will have a hard road to travel. He can look up the case with perfect safety without destroying confidence in his patient. He can get along better in this way.

Dr. H. C. Allen: I usually advise them, for instance, to take the mother-in-law and let her have the applications on the breasts—she is able to stand it; it will not hurt her, she is well; or if they insist on having a cataplasm or any other application in pneumonia, that is all right; put it on the husband, he can stand it. This smooths the thing over. But the best local application to

any diseased condition of the mammae is the same remedy which is given internally, potentised; if you are going to apply anything locally, that is the thing to apply. Dr. Custis is certainly wrong in grouping his drugs.

Dr. Guernsey: I would like to ask, for the benefit of discussion, whether anything can be offered in medication for retained placenta. I meant, Mr. President, if members had any particular personal experience in a case they might want to relate.

Dr. Sawyer: I have had some experience, but I don't know that I can put it in sufficiently good shape to relate. I have stuck to the rule of giving the remedy covering the totality of the symptoms. In one case it was six weeks before all the placenta came away, but the patient made a splendid recovery; and in several cases where it was a day and a half before being expelled. I have seen no harm result where the conditions were met by the homoeopathic remedy. I have never seen septicemia occur.

Dr. Nash: I once had a patient who was taken with profuse flowing, and I treated her from time to time without being more than just able to stop it—there was no apparent cause of the hemorrhage. She was sure she had not miscarried. I had the impression forced upon me that there must be retained placenta and she had miscarried without knowing it. The discharges became very offensive and the woman was confined to bed three months with recurrent hemorrhages. The symptoms pointed to various remedies. I consulted Dr. Swan, who recommended Sabina mm, which controlled it for a time, but it returned and the discharge became very corrosive and of a horrible odor. I finally consulted Dr. Lippe, taking a very careful history of the case. He sent me back two powders of Sepia cm to be given twenty-four hours apart, giving the first at 4 P. M., and by 7 P. M. severe pains came on, with the expulsion of the partly disintegrated placenta, and that was the end of her trouble.

Dr. Guernsey: I have no other papers. I desire to thank the members of the bureau for their assistance.

Dr. Emory: If there are a few moments to spare I

would be sorry to see this last subject dropped. Is it the practice of other physicians under such a suspicion, to make no efforts to ascertain the facts in the case. Dr. Bell for instance, would he not use the dilator and curette? I have never had such a case and I don't know what I would do under the circumstances.

Dr. Schmitt: I have had several experiences in that connection. I never had to resort to the curette. The indicated remedy brought away the placenta every time even after a week's retention. In one case where I had tried different remedies but failed, I finally gave Lycopodium, the indicated remedy, in the morning at 9 A. M., and the placenta passed at 4 A. M. the next morning, entirely, and the woman made a fine recovery. She had some symptoms of septicemia.

Dr. Reed: Was the retained placenta under your supervision?

Dr. Schmitt: Yes! she had a miscarriage; always brought it on herself. I removed one placenta with the placental forceps formerly, and in this same patient afterwards I got rid of the placenta by means of Lycopodium. In another case I confined a young married woman, in her first pregnancy (two months) and found her in terrible pains. The symptoms pointed to Sabina and I gave one dose of the cm potency and in ten minutes she fell asleep, gave a second dose and waited an hour but she never waked till next morning when I got word to come up to see something and I found that the placenta had passed during the night without a particle of pain.

Dr. Guernsey: I stepped in to see a friend of mine—a physician—and he had had a case of confinement in the morning with retained placenta and was much alarmed. I promised to go with him and went in the evening to see the case. We went upstairs into the room and he asked the lady if the placenta had come away. "Oh, yes," she said, "I will get him for you," and she jumped out of bed and rushed across the room into the hall and got it for us. He had given her a dose of medicine in the morning and it had the desired effect.

Dr. Bell: I have had no experience in regard to the question of Dr. Emory. I should have endeavored to remove the placenta by mechanical means without too much interference, but I prefer a cure on homeopathic grounds; such a cure is more satisfactory and more thorough. The merely mechanical removal is very difficult to make it entire. There is no proper casting off of tissues, but in the other case there is a true casting off and the tissues are left clean. If the case is going on to septicemia and there is great danger of death, then I feel we would be obliged to do the less regular thing, but I believe the other is better.—*Transactions I. H. A., 1889.*

Clinical Medicine.

A CASE OF TYPHLITIS.

S. A. KIMBALL, M. D., BOSTON.

On July 11, 1888, I was called to the following case:

Mrs. ——, 39 years of age, was taken in the previous night with a dull aching pain between the pit of the stomach and the navel, with sensitiveness to pressure. The pain then moved downward and extended over the whole abdomen, and in the early morning was more on the right side. She had had an attack of pain in the abdomen with nausea two weeks before, and since then had been feeling dull and languid, not at all her usual state of health. Her condition was as follows: The pain begins at the original point and extends over the right side to the right groin, a dull ache with occasional shoots, sensitiveness to pressure, relieved by lying on the right side with the legs drawn up; feet cold, face flushed with a desire to close the eyes. A heavy sick feeling between the pit of the stomach and the navel. Breathing hurts her and the pressure of the clothes is painful. Throbbing, deep in the right inguinal region; restless, must turn often. She had taken a dose each of Colocynth, Nux and Bryonia at intervals dur-

ing the night, without relief. Pulse 96, temperature 99.4. Belladonna seemed the best indicated remedy on account of the sensitiveness to pressure, the shooting pains, the relief *by lying on the affected side with the legs drawn up*, the flushed face and cold feet, and the restlessness which was not enough for Rhus, nor did the other symptoms suit, and there was no anxiety indicative of Aconite. Bryonia and Colocynth had already been taken without relief, and she received at 12.30 P. M., one dose, dry, of Belladonna cm (Johnstone).

2:45 P. M.: There was an improvement about 1 P. M., but the pains soon returned with greater severity and are now more in the ileo-cecal region. They come in constricting attacks and are aggravated by stretching out the right leg, face still flushed. The symptoms still called for Belladonna, and the slight improvement after the first dose indicated that the choice of the remedy was correct, but a repetition of the dose was necessary, and at 3 P. M. another dose dry of Belladonna cm. (J.) was given. The temperature was now 100.4.

5 P. M. The pain has been more severe and is steadily increasing with occasional attacks of nausea. No thirst; hurts her to move, cough or breathe. The pain causes a *throbbing headache*, comes rather gradually and goes gradually, with nausea after the pain. She now complained of the feeling, as if there were a thin sac filled with fluid in the ileo-cecal region which would break or burst on deep-pressure or with the severe pains. The temperature at this time was 100.8.

The case now began to assume a serious aspect, and was evidently of much greater severity than the simple colic it first appeared to be. What was to be done? Here were a series of symptoms, which, after a slight improvement had steadily increased in severity. It was evidently not an aggravation from the doses given, for the increase in severity was gradual and not immediately after the administration of the dose; in fact, the remedy had seemed to have no decided effect, or rather no effect at all except in that first amelioration, which soon passed away. A careful review

of the case showed that there was no remedy better indicated than Belladonna. If the increase in the severity of the symptoms was due to the two doses of Belladonna already given, one at 12:30 and the other at 3 P. M., a third dose would not make these any more severe but would rather tend to antidote the excessive effect of the first two doses. On the other hand, if the increasing severity of the symptoms was due to an advancement of the disease, which seemed most probable, the temperature increasing and the pains becoming more severe, then the remedy must be repeated until improvement begins. A third dose of Belladonna cm (J.) was given dry at 5:30 P. M.

At 8 P. M., Dr. W. P. Wesselhoeft saw the case with me. The conditions were about the same as at the last visit, no worse. Upon examination, there was found great sensitiveness to pressure in the right ileo-cecal region with complete dulness on percussion over a space about two inches wide, and three inches long, extending downward toward the groin. The patient again spoke of the sensation as if there were a pear shaped sack filled with fluid at the spot where the dulness was. On careful study of the case Belladonna still seemed to be the best indicated remedy for the following reasons: The flushed face and the throbbing headache, the cold feet, the attacks of constricting pain, the great sensitiveness to pressure, even the weight of the bed clothes was uncomfortable, and yet lying on the affected side with the limbs drawn up was the most comfortable position, and the aggravation from stretching the limb, which in colic Lippe's repertory gives as an indication for Belladonna.

There was not enough thirst for Bryonia and too much restlessness.

There was not enough relief from hard pressure during the pains for Colocynth, and it more generally affects the left side of the abdomen.

The patient was restless but not enough so for Rhus; there was not a constant turning for an easy position.

Nor was there the agonized tossing about and anxiety of Aconite; on the contrary, the patient was very calm,

and made no complaints in spite of the severe pain.

The aggravation in the afternoon also indicated Belladonna. I regret that I find in my notes no mention of sensitiveness to a jar of the bed, although I am quite positive that this symptom was present. As there seemed to be no improvement in the symptoms and rather alarming physical signs, it was decided to give the Belladonna in water every three hours during the night; the same potency was used, the cm (J). The temperature was now 101°.

July 12: At 9:30 this morning I found her better, the constant pain had gone but she still had occasional gripes in the ileo-cecal region with considerable soreness there. She slept last night between eleven and one o'clock and from three to five, but had a good deal of pain between one and three. The headache was better but the face was still flushed. She took some warm milk this A. M. which brought on the sharp pain again.

The pains now are gripping and more spasmodic than yesterday, though not as frequent and come quicker than they go. Not as much nausea, not as restless, stretching out the limb does not cause as much pain, no thirst and not as much pain on breathing, coughing or moving, and the dulness on percussion is less. Pulse 84. Temperature 99.2. There was an evident improvement and she received Sac. lac.

July 13: Still improving. Had occasional gripes yesterday in the ileo-cecal region, with some constant dull pain in the night; relieved by 3 A. M.

Could lie on the left side last night. Head feels a little light. Milk still brings on a gripping pain, there is soreness to pressure in the ileo-cecal region but the dullness on percussion is about gone. Feet cold and moist. Pulse 84, temperature 98.4. Sac. lac.

July 14: Loose stool at 1 A. M., preceded by wakefulness with anxiety and followed by burning at the anus; afterwards pain like summer lightning over the whole abdomen. Frequent but slight pains yesterday afternoon, and a few this morning. The soreness in the abdomen is much better but there is still sensitiveness to deep pres-

sure, and she still feels as if there were a thin sac in the ileo-cecal region, which would break or burst on pressure. Feet not as cold or moist; no appetite, no thirst. Pulse 72. Temperature 98.8. Sac. lac.

July 16: No pain since yesterday afternoon, no soreness on deep pressure, but a feeling as if it had been sore.

Pulse and temperature both normal.

As I found that my patient was a good Homeopath, brought up under the care of Hering and Lippe, I dispensed with the Sac. lac., especially as she informed me that it was not at all necessary to her peace of mind for me to prepare it.

July 18: Had a little more soreness the afternoon of the 16th with a thin, slimy stool at 11 p. m. containing small, hard lumps, preceded by colic and followed by burning at the anus as before, but not as severe.

Has some flatulence with a little pain, relieved by passing wind upwards or downwards.

Menses came on to-day. No medicine.

July 21: Walked a few steps the 19th which caused a few stinging pains in the right thigh opposite the ileo-cecal region, extending downwards. She has a feeling as if the right side of the abdomen were swollen from the pit of the stomach to the groin, but there is no soreness on pressure. The right leg was weak and heavy. She had considerable pain in the abdomen during menstruation, much more than usual and the discharge was dark, offensive and clotted. She has had one natural stool.

From this time on, her improvement was steady and she was soon able to be driving and walking about as usual.

Of course the diagnosis may be questioned, it usually is when grave cases recover, especially by our allopathic friends. The only diagnostic point lacking was the formation of a tumor, this occurs according to the best allopathic authority in the course of a few days, but during those few days the indicated homeopathic remedy had performed its work and the tendency toward suppuration was effectually stopped. That there was a tendency in this direction is very evident on reviewing the symptoms.

A general feeling of malaise for two weeks, pain in the abdomen localizing itself in the ileo-cecal region, great tenderness on pressure, complete dullness on percussion, a steady rise in temperature, and the peculiar, subjective, swollen, sac-like feeling that the patient mentioned of her own accord, as great care was taken to keep her ignorant of the gravity of her condition.

Possibly it was a circumscribed peritonitis, as an allopathic friend suggested, which recovered of itself; but it was in a very dangerous place and showed no evidence of spontaneous recovery. Fortunately the knife was not required to decide this disputed point, but strictly homeopathic methods and the use of the indicated remedy were amply sufficient to bring about the fortunate termination of the case.

MICHIGAN LA GRIPPE.

If you have "bigness" of the head,
 Catarrh and "ringing" ears,
 A hot and feverish cuticle,
 And eyes suffused with tears,
 An "all gone" feeling around your waist,
 And aching legs and hip,
 Though "far from strong," you're hardly sick,
 You have not lost your "grip."
 If you have running at the nose
 And constant fits of sneezing,
 A chilly feeling down your back,
 As though your spine were freezing.
 If in a rocky, nervous state,
 Like one in drunken frenzy,
 My friend, you have the French "la grippe,"
 Or English influenza.

—*Tuscola County Advertiser.*

LA GRIPPE.

WM. JEFFERSON GUERNSEY, M. D., PHILADELPHIA.

Soon after the present epidemic became an established fact among us, it occurred to me that a special record of all cases would quickly tell what remedies had been oftenest used, and that if any one had been much more fre-

quently given than the others it would at least suggest its use in cases presenting only *general* symptoms, and, perhaps, be more speedy in its action than any other drug in possessing a particular Homeopathicity to the epidemic. The list was not commenced (as before stated), until the disease had fairly settled down to business, and many were the cases unrecorded in the over worked days. However, no omissions were intentional, and what is herewith presented probably represents the given remedies proportionally as well as if the account had been kept by an automatic tally:

Remedy.	Cases.	Cured.	Failed	Remedy.	Cases.	Cured.	Fail'd*
Aconitum...	17	14	1	Eup. perf....	2	1	1
Allium c....	3	2	—	Gelsemium ..	4	1	1
Arnica.....	2	1	—	Hepar.....	3	1	—
Arsenic.....	12	6	1	Hyos.....	1	1	—
Arum t.....	6	2	—	Kali bich....	5	1	. 1
Baptisia....	3	1	1	Kali carb....	3	3	—
Belladonna..	10	3.	1	Lac can.....	131	105	9
Berberis....	1	1	—	Lachesis	4	2	—
Bryonia....	42	25	3	Mercury.....	1	1	—
Capsicum...	2	1	—	Natr. mur...	2	2	—
China.....	1	1	—	Nux vom....	12	7	—
Cimicifuga..	1	1	—	Phosphorus.	6	2	1
Colchicum ..	1	1	—	Pulsatilla....	30	16	4
Drosera....	2	2	—	Stannum....	8	4	—
				Sulphur.....	13	9	—

Thus it will be seen that *Lac can.* leads the van; and if any one will look over the provings of that remedy he cannot fail to note the very many symptoms it possesses which closely resemble those of *La Grippe*. A familiarity with this fact from having looked up (in *Guiding Symptoms*) some previous cases of "colds," and the success following its administration, led me to think of it at this time. A brief summary of its symptoms bearing directly upon this subject may not be out of place.

SYMPTOMS OF LAC CAN. FROM GUIDING SYMPTOMS.

Mind. Very restless. Nervous. Cannot bear to be left alone. Depression of spirits; everything seems so

*And cured by other remedies.

dark that it can grow no darker; believes the disease incurable; feels as though she had not a friend in the world, and could cry at any moment. Anxiety. Irritable, ugly and hateful.

Head. Frontal headache; pain in forehead all day; pain in forehead as though it would split open on going into cold wind, better on going into warm room; headache always in upper and forepart of head. Occipital headache. Headache < by noise and talking, > by keeping quiet. Pains in head first on one side then at the other, unbearable; > at first on going into the air. Headache over right eye. Headache over left eye. Confused feeling in head; head feels stupid. Dizzy sensation with slight nausea.

Eyes. Eyes swollen and running water. Aching pain in eyeballs. Upper lids heavy; can scarcely keep them open.

Nose. Feels as if she had taken cold in head; stuffed up feeling in head and throat. Coryza; constant watery discharge from nose, excoriating nostrils and upper lip. Fluent catarrh from both nostrils, with sensation of fulness in upper part of nose. Head so stuffed up she can hardly breathe; stuffed feeling in head as of severe cold in head. One side of nose stopped up, the other free and discharging. Considerable sneezing.

Face. Burning, flushing of face. Lips dry and parched but mouth full of frothy saliva.

Throat. (The symptoms are violent and marked but too numerous to mention here.) Raw feeling. Tickling sensation.

Stomach. No appetite. Considerable thirst.

Larynx. Loss of voice. Voice rough as if about to become hoarse. Hoarseness, with now and then a change of voice. Tickling sensation in throat causing cough. Cough on talking and on lying. She coughs almost continually while giving symptoms so much does talking < it. Soreness of larynx to touch. Croupy cough, a dry hoarse bark penetrating through closed doors all over house.

Chest. Difficult breathing. Lungs feel as though fast to chest. Breathing hoarse and croupy, and at times, entire stoppage of breathing, when it would resume with a violent effort. Breathing very labored, could hear him breathe as you came up stairs. Oppressed for breath all day, only comfortable while in open air. Raw sensation in chest as if it had been scraped. (The remedy has very many pains—sharp and sore—through chest).

Back. Backache. Backache between scapula. Backache in sacrum. Aching in limbs and back. Neck stiff.

Limbs. (Very many pains in all limbs).

Fever. Chilly feeling lasting all day. Feels feverish. High fever. Dry, hot skin. Exhausting sweats after sleep.

Sleep. Cannot find any comfortable position in bed. There is no way she can put her hands that they do not bother her; could not bear to have any part of body touch another. Very wakeful. Limbs cold all night. Very restless all night, could not keep any clothes over her.

General. No inclination for least exertion, would like to do nothing but sleep. Great lassitude. General weakness and prostration very marked.

I imagine that the reader is exclaiming "all this is very well in the line of generalities, but what are the special indications." If I can be permitted to preface these with an observation in bold type I will try to direct attention to them. The point which I wish the reader to strongly bear in mind is that what I shall here give is *only the symptoms which LEAD ME TO THINK OF, OR STUDY the remedies.*

Aconitum. If still chilly.

Allium cepa. If the sneezing is violent and frequent.

Arnica. If general soreness is very marked, yet without the prostration of Baptisia, or bone pains of Eup. perf.

Arsenic. If respiration seems very difficult yet painless, and the patient does not complain of the erratic pains peculiar to Lac can.

Arum t. If the obstruction of the nose is very marked and accompanied with the rawness about the nose and lip

from the acrid discharges and from picking with the fingers which the patient persists in.

Baptisia. General soreness with great prostration.

Belladonna. Cough, violent, making the face red and ending in a sneeze.

Berberis. (Only used in one case complaining of "bubbling sensation" in the eyes—cured at once. The obstruction of respiration on raising the arms is peculiar and should be remembered).

Bryonia. Sensation as if the head would "fly to pieces" on coughing. Cough after eating and then with vomiting. General < from, or aversion to motion.

Capsicum. Explosive cough which jars the whole body and often causes pains in distant parts. Sensation as though he could not get enough air into the lungs.

China. Ringing in ears very annoying. Great weakness. (This remedy has "asthma in damp weather").

Cimicifuga. An incessant cough which prevents speaking. Sensation as if the top of the head would fly off, (not dependant however on the cough).

Colchicum. (Only used in one case where the odor from cooking was particularly annoying—cured at once).

Drosera. Cough resembles pertussis; during which the nose bleeds and he has to hold the chest.

Eupatorium perf. Soreness all over, with pains in bones as if broken. Painful soreness of the eye balls.

Gelsemium. Dull looking. Eyelids heavy. Coryza with fulness at root of nose.

Hepar. Rattling breathing. Moist, croupy cough with choking.

Hyoscyamus. Hacking cough, worse lying, from elongated uvula.

Kali bich. Pains in sternum through to back on coughing. Nose stuffed up. Ropy mucus.

Kali carb. Cough worse 3 to 4 A. M. Respiration difficult, must lean forward. Stitches in right lung to back on breathing. Starts easily on being touched.

Lac can. Despondency. Extreme debility with utter aversion to all work. Erratic pains. A cough that is as .

incessant on talking as that of Cimicif. (preventing the giving of symptoms), and worse on lying. Marked dyspnoea. The stuffed up feeling in the nose is also highly indicative of the remedy, and I have found that an alternation in the nostrils thus affected rendered it still better suited to the case.

Lachesis. In each case the soreness of the throat was much worse from swallowing saliva and external pressure, and began on the left side.

Mercury. Cough as if it would burst the chest and head, in "dirty nosed" looking people.

Natrum mur. Each patient was weak and thirsty, and complained of a "fluttering about the heart."

Nux vom. Coryza fluent during the day time but obstructed at night. Cough worse, on either entering the house or going out.

Phosphorus. Aggravation of cough from talking, laughing and cold air. Considerable hoarseness which may be painful. The cough is hard, tight and racking. Chills running down the back and sensation of heat extending up there.

Pulsatilla. Those who have taken quinine. Complete loss of taste. Aggravation from warm room. Erratic pains.

Stannum. Sensation of weakness in chest. Cough hollow, concussive, sounds as though it must tear everything loose.

Sulphur. Those that have kept at work and taken different cough mixtures until devoid of any characteristic symptoms, save a weakness which prevents their straightening up when they stand or sit. Perspiration from least exertion. Flushes of heat.

When we remember the exceeding prevalence of throat troubles in the past, it is rather surprising that this disease, which attacks the mucous membranes so violently, should not affect that locality more than it does; but it may on homeopathic principles be wiping out the plague of diphtheria, to which we will gladly bid adieu.

I am happy to be able to state that I have not lost a

case of *La Grippe* nor had one that has even indirectly induced death; all of which is not said in a boastful spirit, but to the glory of Homeopathy. While much of this article is a mere compilation of what may be well known and often tried symptoms, it is hoped that in this compact form it may the better aid others in removing a disease that should be curable in all cases.

I cannot close without the suggestion that the frequent abuse of quinine and careless suppression of mucous discharges will furnish us with an innumerable host of *Pulsatilla* cases in the future.

NOT INFLUENZA.

It is evident that the disease prevailing and known as "la grippe" is not that usually designated "influenza," nor is it one of the diseases coming under the nomenclature of the many catarrhal affections. It is not a disease of a special tissue. Its history proves it a forerunner of a worse and more serious epidemic, and in its track will be found Asiatic cholera. The existence of this disease, which spans the world and spares neither the aged nor the infant, the strong nor the weak, is beneficent in the respect that those who have it and are cured will not be susceptible to the next epidemic. Those who pass through this stage of the epidemic and suppress the disease, without making a cure, will be the more susceptible to its follower.

The disease is inflammation of the capillaries—the arterial, venous and lymphatic. The liver is congested, the kidneys do not act, the stomach is as though one is sea sick, the lungs respire heavily, the heart works laboriously and the brain is filled with the commotion of the system.

For such a disease, defined by symptoms different from those of other diseases, we cannot use the name "influenza;" the "grip" will do for a pleasantry; it is not a "coryza." What name is appropriate? "Capillaritis" has merits. It is the most extensive and characteristic inflammation of the capillaries of the whole system of which we have knowledge, and it should be studied as a distinct disease.

RUFUS CHOATE, M. D.

THE
MEDICAL ADVANCE.
AN ADVOCATE OF
HOMEOPATHIC MEDICINE.
H. C. ALLEN, M. D., EDITOR.

The Editor is not responsible for the opinions of contributors. Personalities being foreign to scientific discussion, must be excluded.

Editorial.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime."—**HAHNEMANN.**

HOMEOPATHY IN NEW YORK.—If the reports of the New York dailies are fairly accurate, strange doctrines are being taught in Gotham. As we never have an effect without a cause, perhaps the unseemly wrangle over the Medical Board of Ward's Island Hospital may not be without its blessings. Some fifteen or twenty years ago the Homeopaths of New York, after a gallant struggle, secured an asylum for the treatment of their insane, and the Ward's Island Hospital was set apart for their general medical and surgical cases. The former is under charge of Dr. Talcot, who says: "We use straight Homeopathy and nothing else in the line of medication." For results, note the report in our January issue—a report which furnishes comparative statistics to which every Homeopath in the world can point with pride.

* * *

Now look on the other side of the picture. For years the profession has looked for similar favorable statistics from Ward's Island, and for years it has been disappointed. Now the truth is leaking out. What has long been suspected is now pretty well proven, viz, that it is homeo-

pathic only in name. Dr. Egbert Guernsey and Dr. A. K. Hills, chairman and secretary respectively, of the Medical Board, are editors of the *Medical Times* and have abandoned the name, as long before they abandoned the practice, of Homeopathy. The editors advocate a union of the schools, and their practice agrees with their preaching. From the following, which is the Homeopath?

Dr. Guernsey's treatment of "La Grippe."

The pain in back and limbs is relieved by Antipyrin and Phenacetin. The head symptoms, coryza and lachrymation by Aconite, liberal doses of Eu-phrasia, Rhus and Belladonna, as indicated. As a tonic Quinine and Arsenic. In the profuse watery diarrhoea, usually without pain, we have found no remedy so prompt as four or five drops of Opium.

Dr. Bartholow's treatment of "La Grippe."

One or two grains of Calomel at night; inhale Sulphurous acid gas; sit in a room where steam containing Eucalyptol can be inhaled in large quantity. The insufflation of Resorcin is also useful. Atropine in solution, one grain to the ounce, dose one to five drops. Belladonna tincture, one to ten drops twice a day. For the headache Antipyrin, Acetalid, Phenacetin and other antiseptics.

And as the editor says in his praise of Prof. Wood's views, "if it were not for the name it would be difficult to distinguish one from the other." Yea! verily! and this is why the mortality is just as low in the other allopathic hospitals as it is in Ward's Island.

* * *

The *New York Tribune* of December 19, 1889, quotes the Dean of the New York College as author of the following definition of a homeopathic physician: "One who is a member of the Homeopathic County Medical Society. No matter if I have recourse to allopathic remedies, I am a homeopathic physician as long as I am a member of this Society." According to this, principles are unnecessary, and Dr. Guernsey's statement that a *name* is all that divides the schools may be correct. So much for teaching; now for the practical results.

* * *

A deputation of the County Society waited upon the Commissioners of Charities of New York and protested

against the retention of Dr. Guernsey as chairman of the Medical Board as "he was not a Homeopath, not being a member of the County Society." Mr. Simmons, one of the Commissioners retorted: "You have a homeopathic college, and the young men whom it graduates should be Homeopaths, if there are any. But it appears that these young graduates who have been put on the house staff at Ward's Island Hospital have used forty-four pounds of castor oil and twenty-one pounds of Magnesia sulph. Dr. Schley, here, is accused of giving large doses of Antipyrin and other non-homeopathic remedies." Such teaching and such practice give us the natural results, a percentage of recoveries and mortality about the same as Charity and other allopathic hospitals, and the unfortunate part of it is that Homeopathy is made responsible for such miserable work.

Comment and Criticism.

Ask yourself if there be any element of right and wrong in a question. If so take your part with the perfect and abstract right, and trust in God to see that it shall prove expedient.—WENDELL PHILLIPS.

SULPHUR CHARACTERISTIC: IT PAYS TO WAIT.

Editor Advance: Dr. Noble, who reported the four cases cured by higher potencies (Sept. ADVANCE) was a classmate of mine and will understand, perhaps, better than any one who was not with us in college, why I am particularly interested in his trial of potentized medical substances.

In the November ADVANCE Dr. Randall calls upon Dr. Noble to try again and give us some cases that have not been over dosed with the right remedy in a low potency or where a sufficient interval of time had elapsed between the administration of the low and the exhibition of a higher preparation.

Being very sure that Dr. Noble will not object and

trusting that I have a case that meets the requirements, I submit the following:

My little boy, aged seven months, had been troubled during the greater part of his short life with a diarrhoea which came on every morning at about 5 o'clock and continued until about 1 or 2 p. m., the bowels moving from four to eight times a day.

Stools changeable in character, for the most part watery mucus, and seldom accompanied with pain.

The child was restless, peevish, cross. Sleep much disturbed, no long naps and my mother and wife were both kept busy in attending him and even then he was not quiet. I was not at home during this time, but he had good attention and received medicine from two of the leading homoeopathic physicians of our town, a beautiful city in southern New York. Sulphur, Podophyllum, Chamomilla, etc., had a fair trial (in low potencies) and no improvement. After my return home my wife rehearsed the case to me but not knowing any remedy that seemed better indicated than those that had been tried, I concluded to *wait*.

Three weeks and no important changes.

One morning, my wife who does not always see the philosophy of waiting, informed me that if I did not prepare some medicine for the child she should apply to some one who would. "Come here," said she, "and see if this is not cruel." I looked, and behold, right before me, staring me in the face was Guernsey's key note for Sulphur— "*Red line around the anus;*" clear, well defined, unmistakable. "*Diarrhoea in morning, with red line around the anus.*"

I took from my pocket a vial marked Sulphur 45 m. (F.) and while the child was crying dropped a few of the pellets in his mouth, and my word for it, the next movement of the bowels (toward evening the same day) was fairly normal; the diarrhoea never returned, the child rested well, had a good nap each afternoon, slept later in the morning, peevishness disappeared, and from the day he received that single dose of Sulphur my wife has "banked on him," as the sweetest, nicest, *best natured* baby in the county.

"My wife," said I a few weeks later, "do you suppose that Sulphur 45 m. cured our boy?"

"I don't know anything about your 45 m., cc's, etc., but I do know that since you gave baby that medicine I have had some peace. What do I care about the potency?" and I responded, "Amen!"

CHAS. W. HAKES.

CHAMPAIGN, ILL.

MERCURIAL SUSCEPTIBILITY.

Editor Advance: In the January number of THE ADVANCE, page 55, § 3, does Dr. Campbell believe what she avers, "that the same results in kind but not in degree, would follow the simillimum given in a low potency, etc.?" Given, a case of mercurial susceptibility, with conditions resultant from the abuse of that drug, and a symptom picture of Mercurius present, does Dr. Campbell believe there is a possibility of a 3x or even a 6 x of Mercurius causing a cure of said condition?

S. L. G. L.

New Publications.

CONSUMPTION: ITS CAUSE AND NATURE. By Rollin R. Gregg, M. D., to which is added: The Therapeutics of Tuberculous Affections, after the plan of Bell on "Diarrhoea and Dysentery" or Allen's "Intermittent Fever." By H. C. Allen, M. D. Octavo. Pp. 478. Cloth, \$4.00. Sent free on receipt of price.

This long looked for work from two of our master hands, is at last before its readers. Naturally the book divides itself into two parts for the reviewer: the "Cause and Nature of Consumption" being from the pen of our lamented Dr. Rollin R. Gregg, while the "Therapeutics" are added by that thorough writer on homoeopathic therapeutics, Dr. H. C. Allen.

Dr. Gregg's theory of the cause and nature of consumption, briefly stated, is, "a loss of abumen from the blood and a consequent disproportion into which such loss must necessarily throw all the other constituents of the blood." In refuting the germ theory of tuberculosis the author makes the rather startling statement that the so-called tubercle bacillus is only a "a rotten rod of fibrin." This throws the work open to criticism, for if an author errs in one line of reasoning, it necessarily weakens the force of his argument in another direction.

That the tubercle bacillæ are not "rotting rods of fibrin" can be demonstrated by any one in a week. A culture outfit and a microscope are all that is necessary in the way of argument. To conform with the four fundamental principles of the germ theory the supposed germ of a disease must: 1st, be found in the blood or diseased tissues of the subject sick or dead from the disease; 2nd, it must, when taken from the blood or diseased tissues, be capable of cultivation, artificially, in suitable media; 3rd, after successive cultivations in artificial media, till isolated from all other micro-organisms, it is necessary to re-introduce it into the tissues of an animal susceptible to the disease and so produce in a healthy animal the same disease as the one from which the micro-organism was taken; 4th, in the animal sick from the inoculation it is necessary that the same micro-organisms be found as in the original disease. This, we can see at a glance, cannot be the case if the fibrin theory be true. On the other hand all scientists admit that the bacilli of tuberculosis are *living germs*, capable of reproducing their kind under artificial cultivation, and of producing in susceptible animals all the phenomena of tuberculosis.

It is highly probable that the author never recognized tubercle bacilli during his own experiments for he says his "rods of fibrin" were identical in color, length and size to those of the specimen of tubercle bacilli prepared by Prof. Eberth. The tubercle bacilli have no color until put there by a laborious and painstaking method which it is not necessary to give here in detail. The specimen of sputum or tubercle is stained in analine oil and fuchsin, rinsed in water, decolorized by immersion in alcohol and nitric acid and then double-stained in methyl-blue or vesuvin that the bacilli may appear in red on a field of blue. But three germs are known that require and will stand this staining process: those of tuberculosis, leprosy and syphilis.

One of the strongest arguments against the germ theory of tuberculosis in Dr. Gregg's work is his statement that "Consumption is an *inheritable* disease." But as a matter of fact do we inherit *tuberculosis*, or do we inherit a *tendency to the disease*? The latter is the theory held by the germ theorists as to the disease in general though all admit there are occasional cases of undoubted heredity, found in infantile tabes mesenterica, etc. The healthy human organism does not furnish a suitable culture soil for the spores of bacteria and not until the power of resistance is weakened by inheritance or natural causes can they germinate and multiply. In other words, there must be a receptivity for tuberculosis. Without this receptivity there can be no contagion, and all cases of so-called contagion of tuberculosis may be traced to a weakened condition of the powers of resistance.

En résumé, the refutation of the germ theory, whether it be true or false, by the "fibrin theory" is an unfortunate error and

one so easily demonstrated that one cannot comprehend how so careful an observer could have made such a mistake. That the germ is a living organism, that it will multiply and reproduce its own kind does not need proof here.

The master portion of the work that will be a blessing to countless patients and a light in the dark to many a practitioner is the "Therapeutics of Tuberculosis," by H. C. Allen, M. D. Under "Personal Hygiene" the author cautions against the too prevalent habit of "*wetting the hair* before brushing or combing it and allowing it to dry by evaporation." The point is an excellent one and the results of the pernicious habit in catarrhal subjects are obvious. The author prefaces his *Materia Medica* with a strong article on the foundation principles of Homeopathy. All who know Dr. Allen know his writings have the true ring of a Hahnemann and his latest work is no exception to the rule. What Dr. Bell's work on Diarrhea has proved to be in the treatment of diseases of the intestinal tract, Dr. Allen's work will be for all troubles of the respiratory tract. Not alone in the treatment of tuberculosis, but in coughs, colds and chronic catarrhs as well, this work will be found invaluable to the practitioner.

The thanks and support of the profession are certainly due Dr. Allen for this rich addition to our armamentarium, and the hope that he may live long and continue in this good work is the wish of

Yours truly,
H. P. HOLMES.

NORTH AMERICAN GEOLOGY AND PALEONTOLOGY.
FOR THE USE OF AMATEURS, STUDENTS AND SCIENTISTS. By S. A. Miller. Cincinnati: Published by the author. Large octavo: Pp. 684. Illustrated. Cloth. \$5.00. Sent by the author on receipt of price.

The author has evidently gone at his task *con amore*; and he has produced an ideal book for the professional man who is interested in the study, or who desires to obtain a general yet comprehensive knowledge of the subject. About one hundred pages are devoted to definitions and laws of Geology, Stratigraphical Geology, and the Laws of Nomenclature. Then follows several hundred pages, with two columns on each page, defining the Paleozoic fossil genera that have been characterized, and illustrating most of them. Nearly all the species which have been described, are catalogued with reference to the authors, place of publication, page reference, and the group of rocks in which each species occurs. The illustrations number about 1500. All classes are briefly defined with the evident view of contrasting Paleozoic Zoölogy with the living. The work also has a glossary of specific names and the definition of all technical terms. There is also an index of all the genera, showing the gender of each genus. The work will be found extremely practical, and we heartily commend it to all lovers of geological studies.

A TREATISE ON DISEASES OF THE NOSE AND THROAT, IN TWO VOLUMES. By F. H. Bosworth, M. D., Professor of Diseases of the Throat in the Bellevue Hospital Medical College, New York. Vol. 1. Diseases of the Nose and Naso-Pharynx, with 4 colored plates and 182 wood cuts. Octavo. Pp. 670. New York: William Wood & Company, 1889.

When the two volumes containing McKenzie's lectures on this subject were issued in 1880, we little thought the rapid advances in etiology, pathology and differential diagnosis would demand another voluminous work in ten years. But the evidence is before us. The first edition of the author appeared in 1881, and "the great advances made in the study of the diseases of the upper air passages since that work was issued, rendered it necessary to rewrite practically the whole volume;" and in elaborate and precise methods of diagnosis, the present work is apparently up to the times. But with the investigating spirit of the present day how long will it remain so? The chapters on "Taking Cold," "Mucous Membranes," and "Hay Fever," are too elementary for a work of this kind, especially in the matter of treatment. Hay Fever, as much as asthma, is a constitutional affection, and local measures of any and all kinds will be sadly disappointing. On page 221 we read: "Blackley was a homeopathic physician, but his experiments in the therapeutics of this disease seem to have been quite as thorough as his investigations of its etiology. He obtained excellent results from the use of Arsenite of potash and Arsenite of quinine, but his best results were obtained from the use of the Iodide of arsenic, in the form of a trituration containing about 1:200 of a grain in a dose." Dr. Blackley treated Hay Fever just as the author does, and it is just as far from being homeopathic. The true Homeopath treats his patient, not the local manifestation of a constitutional affection which is diagnosed Hay Fever. To call it Vaso-Motor Rhinitis or to class it as a neurosis does not make it more amenable to treatment. Nor does the suppression of the acute attack by medicated topical applications or the actual cautery, to have it crop out again under some other name, tend to increase the confidence of the patient. While well illustrated, and, like all works of the publishers, well printed, the work is weak in therapeutics.

MASTERPIECES: POPE, ÆSOP, MILTON, COLERIDGE AND GOLDSMITH, with notes and illustrations. Edited by H. S. Drayton, New York: Fowler & Wells Co., 1889.

About twenty years ago Mr. S. R. Wells of the firm of Fowler & Wells conceived the idea of illustrating and publishing these gems of literature in separate volumes. It was a successful venture, as they met with a large sale, and now the editor has combined a number of these masterpieces of various authors into a volume which, we are certain, will meet with a large demand.

Editor's Table.

THE MEDICAL SOCIETY of Spokane Falls has issued a vigorous plea for equal rights in medical legislation, in the new State.

THE SAGINAW VALLEY SOCIETY is without doubt the most enthusiastic and prosperous homeopathic organization in Michigan.

MINNESOTA STATE SOCIETY meets in Minneapolis, May 20, 21, 22. The Secretary has furnished an early and complete programme of the various bureaus. No excuse now, as due notice is given and every member expected to do his duty.

W. A. FARNSWORTH, M. D., has withdrawn from the firm of Drs. Farnsworth, of East Saginaw, and became a permanent resident of Petoskey, Michigan.

J. T. O'CONNOR, M. D., of 51 West 47th St., New York, is prepared to take into his own house a few patients suffering from nervous disease of which he is making a specialty.

THE BOARD OF HOMEOPATHIC EXAMINERS of the Florida Board of Health held its first meeting in Jacksonville, Dec 30, for the examination of physicians desiring certificates.

J. J. FOWLER, M. D., of Washington, Mo., has received a patent for a mechanical repertory. You write out the symptoms of your patient and the machine will very soon make the selection for you.

OMISSION.—“Who are the Regulars” in the department of Comment and Criticism in the January No., was written by W. B. Clarke, M. D., of Indianapolis, and by a typographical error his name was omitted. Too much “La Grippe.”

DIED.—H. R. Clark, M. D., (U. of M. '80), died of pleuro-pneumonia at his residence in Beloit, Wis., January 10, aged 37. Dr. Clark was one of the best and brightest students of his class and has made an exceptionally fine record as a physician. He was not only a sterling Homeopath but a true man in all the relations of life.

THE WACO (TEX.) HOMEOPATHIC ASSOCIATION was organized December 28, 1889. Art. II and III of the Constitution reads:

Art. II. The object of this Association shall be to promote the interests of Homeopathy, to establish a closer and more fraternal relationship between its members, and the study of the fundamental principles of cure, as interpreted by the Organon of Samuel Hahnemann.

Art. III. Its membership shall consist only of such physicians as are legally qualified to practice medicine, and who subscribe to the Law of Similia.

THE
MEDICAL ADVANCE.
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No. 3

Materia Medica.

PSORINUM.

NOTES FROM LECTURES BY J. T. KENT, M. D.

This remedy, one of the nosodes, was proven quite extensively by Hering. Many additional provings and clinical symptoms have since been added, making it of still greater value to the prescriber.

It has a peculiar sphere in the human organization, even when the clearly defined symptoms do not call for it. When the conditions express a lack of vital energy, a lack of response to remedies well indicated, supposedly dependant upon long depression of the vital force, as in chronic disease, or sickness, such as follows a low form of typhoid or continued fever, then Psorinum becomes a peculiarly important remedy. When the patient reaches the stage for reaction and remains in a state of great prostration, a dose of Psorinum will rouse the failing vital force, and many times determine the cure. This action of Psorinum was formerly known to but few, and they were close followers of Hahnemann.

A child lay sick, the time came for reaction and no reaction came. Numerous well selected remedies failed to

act;— Sulphur was prescribed and failed. Counsel was called, and he prescribed Psorinum 30, bringing about a rapid reaction within a few days, so rapid and striking that all observed it. After a few days the action toward recovery stopped; Psorinum was repeated, and still no action. Again they sent for counsel, "Ah," said he, "Psorinum is no longer the remedy, the patient needs Sulphur." He gave the dose of Sulphur and it finished the entire case. So in the advanced stages of typhoid fever when the remedies will not act, and even Sulphur does not bring on re-action, so deeply does Psorinum act upon the life forces that even when the machine is about to stop, it will often give the necessary impetus to the flagging energies.

Psorinum has symptoms peculiar to itself. Eruptions on the skin; prostration of body and mind; great distress in breathing; cardiac weakness; but more particularly a weakness that cannot be localized in any part of the body; a constitutional trouble.

In the mind we have many symptoms of hopelessness; great sadness; melancholy; too tired even to breathe. In this melancholic state, when on the street, he feels that he must go home and lie down, so he can breathe more easily. He is better lying down; he feels such great prostration, that he cannot walk, and when walking on the street, will turn, go home and lie down in sadness and despair. If he is of a religious temperament, he will despair of his salvation.

There is a great fear: fear of death; fear he will lose his fortune; fear he will die in the poorhouse; fear he will become a beggar.

There are many headaches with throbbing; pecking as of little hammers against the skull; the headaches are of a congestive kind as you will see from the throbbing pains; congestive, with a red face, hot head, and at times a sweat. This symptom led to the cure of a case of congestive chill, the most dangerous one I ever saw in this city (St. Louis).

A man came home, went to bed. His wife told me that he had felt tired for a long time before; he would come in and lie down, and she noticed that when he lay upon the

bed he would stretch his arms out. He could breathe easier in this position. His head was hot; his temperature 106°, and yet he was covered with perspiration; with all this he had covers piled over him; he was almost pulseless; feet cold; stupid, you could with great difficulty arouse him. The disturbance had begun with a slight rigor, passing on to this state. He received one dose of Psorinum, and needed no more medicine; it stopped the perspiration, and brought him out of the chill in a few hours.

There is another condition which is of the outer head; a sensation of coldness, even in hot weather he could wear a fur cap; he wants the head covered; the head wrapped warmly, even when going about his daily work.

About the eyes we have ulceration, accumulation of fetid pus. This accumulation of fetid pus is well suited to Psorinum. Its catarrhal discharges are fetid; the mucus secreted in the mouth is fetid; is thick, waxy, frothy and offensive; the taste in the mouth is very bad; the breath is very offensive; it has eructation, flatus and stool, smelling like rotten eggs. Offensiveness is strikingly indicative of Psorinum and runs through the remedy everywhere; the catarrhal discharges as well as the skin symptoms are offensive.

Psorinum has < from uncovering the head, like Silicea; < from having the hair cut, like Belladonna, Glonoine, Sepia. When sleeping at night the Psorinum patient desires the head to be covered. Hepar is also one of the cold remedies, having < from exposure, even the cough or the pains may be < by exposure of the hand. Rhus has some pains from exposure of the hand. The Rumex patient sleeps with his head covered, because if he exposes the head he begins to cough.

From the nose we have the same gluey discharge; offensive, like Silicea, Mercury, Calcarea p., Hepar.

From the ears we have a thick, offensive otorrhea, smelling horribly; sometimes bloody; always thick and offensive, yellow or bloody; a mucus mixed with blood.

A common condition belonging to Psorinum, is the dis-

charge from the ear combined with a watery, offensive diarrhea. The offensiveness is horrible, but it does not permeate the room like a Baptisia stool. The Baptisia stool is likely to be thick and clayey, while Psorinum is thin, gushing away; watery, brown and it may be bloody.

Psorinum will often begin the cure of a troublesome diarrhea. Chronic diarrhea has a psoric base or it would not be chronic.

Psorinum is a wonderfully useful remedy in hay fever; it has many symptoms found in hay fever; a profuse watery discharge from the nose; but the most peculiar symptom is the constant, dry feeling in the nose, causing frequent use of the handkerchief which remains dry; feels that he must blow the nose while sneezing. The catarrhal condition, dates from a low type of fever, improperly treated; < of watery discharge by taking cold; takes cold easily.

The face is red without fever. You remember that Belladonna has a red, hot face; that Chamomilla has redness and heat of one cheek, and paleness and coldness of the other; Psorinum has the red face without fever like Phosphorus. Psorinum has a sickly face; red, interspersed with yellow. Like every portion of the skin the face may be covered with eruptions and scabs of various types; pustules around the mouth like Natrum mur.; vesicles between the fingers, in fact everywhere.

The teeth are loose; the gums spongy, bleeding and sore.

Eruptions tasting of undigested eggs; with sour, rancid vomiting.

Abdomen and stool we will consider together, and they will furnish many valuable symptoms. Passing of flatus that smells like rotten eggs; stools that smell like rotten eggs. Phosphorus has eructations tasting like rotten eggs (how did they know?) coming on at night, in bed, especially after overeating or overloading the stomach, and when lying down soon after eating. Falling asleep soon after eating, wakens and belches. A sensation gained by eating hard boiled eggs, when the stomach is not in condition to receive them. Arnica has a taste of rotten eggs

in the mouth in the morning, found associated with chill and fever. Graphites has the same taste in the morning, after rising, going away by washing the mouth. Sulphur has the taste of rotten eggs in the morning, with nausea, sinking and hunger at 11 o'clock. Sepia has the taste of rotten eggs as well as a bitter and sour taste. Psorinum has hot, burning flatus, burning the anus; Chamomilla has a stool smelling like rotten eggs, but you will find it only true of the stool in Chamomilla not of the eructations and flatus, as in Psorinum.

Another symptom cured by Psorinum. Children who have overloaded the stomach with peaches, causing a spoiled stomach, with the undigested egg taste; here Psorinum gives immediate relief. Veratrum stands next in efficacy, in these conditions.

In relation to constipation, Psorinum has wonderful straining to expel a soft stool, like Alumina, Cinchona. It is a paralytic weakness, causing great tenesmus with final passing of soft stool. A feature wherein it closely resembles Cinchona, is an involuntary stool at night; Cinchona has profuse, watery stool, of inky fluid, at night and after meals. Psorinum like Sulphur, has a diarrhea coming on at night or in early morning, nearly involuntary, or if there is urging it is with great haste, he can hardly reach the closet. Oleander has an involuntary, soft stool, causing great haste, and the food he had taken the day before is passed, undigested. There is more sputtering flatus in Oleander than in Psorinum, but Psorinum has sputtering like Aloe. Oleander like Aloe, thinks only to pass flatus, and soils himself with feces. In Psorinum we find the haste of Sulphur, the flatulence like Oleander and Aloe, and soft or normal stool expelled with difficulty like Alumina, Cinchona.

We have this remedy sometimes indicated in cholera infantum, with a stool which is brownish yellow, becoming watery and horribly offensive. Psorinum will often check the disease process, remove the offensiveness, and develop the symptoms for a remedy that will finish the case.

An evidence of the peculiar lack of energy to be found in cases requiring this remedy, is in the male sexual organs; sexual desire, with lack of ability to perform the sexual act. Gonorrhea, with thick, bloody, painless discharges, and a lack of reaction; commonly a gonorrhea that runs on to a lighter shade, to a gleet; I have seen cases where nothing but Psorinum would relieve.

The breathing is < by sitting up, and the closer the arms are brought to the body; > when lying down, and the arms are away from the body; he must lie down to breathe; an asthma, > by lying down, would be most peculiar, as an asthmatic is commonly relieved by sitting up. The symptom is mentioned in but few remedies; it is unimportant in any other disease than asthma; Psorinum is not especially an asthmatic remedy; the patient is so weak he must lie down.

Psorinum has a dry, hacking, winter cough, with thick, yellow, offensive sputa; rattling in the chest and lungs; phthisis pulmonalis with burning in the chest, better when lying down; profuse, exhausting night sweats, associated with a chill and hectic.

The eruptions are numerous, the skin is dirty and greasy looking, with yellow blotches here and there. The greasy looking skin is found under Natrum mur. and Thuja. Syphilitic eruptions do not itch; when there is itching associated with syphilis, it is complicated with psora, or, it has been changed by improper treatment; of course the eruption may itch from drug effect.

S. L. G. L.

CHRISTIAN SCIENCE.—The faith cure fanatics who were found guilty in Judge Tighe's court were sentenced on December 26th. John Jansen, of 666 Henry street, was the first called. His child died with scarlet fever. The judge fined him \$100 for not giving his sick family medicine and \$100 for going about spreading contagion through the city, and in default to stand committed for 200 days. Maria Peterson was fined \$100. Hannah Jensen, a nurse, said she knew the diseases were contagious, but she thought God would not let the disease spread through His house. The court thought she was more culpable than the others and fined her \$150, or 150 days in the penitentiary.—*N. Y. Journal Commerce.*

CHELIDONIUM IN SURGICAL DISEASES.

S. LILIENTHAL, SAN FRANCISCO.

In the *Allg. Hom. Zeitung*, No. 25, 1889, Dr. Leeser reports several cases cured by Chelidonium, which deserve to be known far and wide, in order that others may follow his example.

CASE I. Rudolf A., manufacturer, 50 years old, robust and healthy, lost thirty years ago his right testicle by suppuration, in consequence of a contusion. For the last ten years his left testicle began to swell, so that it is now double the size of a goose egg. Disinclined to an operation, he consulted Dr. Leeser. Scrotum tense and transparent, testicle feels hard and thickened. Diagnosis: Hydrocele. He also complains of sexual weakness, nervous insomnia, pruritus of the skin night and day, otherwise perfectly well. Sulphur 1200, every week one powder.

October 26. Status idem, Sac. lac.

November 10. Less cutaneous itching. Sulphur 200, one powder.

November 24. Very little itching, swelled testicle feels softer. Sac. lac.

December 9. Two painful points can be discovered on the neck. Chelidonium 30, seven powders, to take one every second evening before retiring.

December 29. Sleeps better; no itching; scrotum decidedly smaller and softer. Chelidonium 30, seven powders.

January 18. Scrotum less swollen, testicle not so hard, some sexual desire; sleeps good. Chelidonium repeated.

February 18. Hydrocele only of the size of one goose egg. Steady improvement.

April 18. Testicle normal and potency in full vigor. A year afterward patient remained in full health.

CASE II. Robert K., 45 years old, has a left-sided hydrocele for eight years, which needed puncturing twice a year. During July the hydrocele became inflamed. Scrotum larger than ever; hot and red; testicle and seminal cord

very painful, fever. Rest in bed, hot poultices. Chelidonium 30, in water, dessert spoonful every two hours. Under the continued use of Chelidonium in lengthened intervals the patient was entirely cured of his hydrocele in less than two months.

CASE III. August S., 40 years old, acquired a gonorrhea eight years ago, making its reappearance off and on. A week ago the discharge stopped and orchitis set in. Chelidonium 30, in water, dessert spoonful every two hours.

October 10. Testicle less painful, gonorrhea reappears.

October 24. Testicle nearly normal, discharge scanty, mucous, great pain when urinating with tenesmus.

October 26. Passes urine *guttatim*. Examination revealed a stenosis of the urethra in the prostatic part. Sulphur 200, one powder; Sac lac. He took his placebo for several months with steady improvement, and could be finally discharged cured of his gonorrhea and able to pass his urine in a full stream.

CASE IV. Mrs. K., 42 years old, observed six months ago an increasing swelling in the left mamma. She had a hard lump of the size of a walnut on the upper part of the mamma, and a similar one in her axillary gland. Otherwise she feels well, without pain. Chelidonium 30, every second evening a powder. She took these powders at suitable intervals for ten months, when both tumors had disappeared, and a year afterwards not a vestige of them could be seen.

As none of our authorities, neither Jahr, Kafka, Raue nor Lilienthal mentions Chelidonium among the remedies suitable for glandular affections, let us go to headquarters and find the proof. Hahnemann (English Edition, I, 400) gives us: Symptoms 78 and 91, urging to urinate all day long, with scanty discharge of urine; he must urinate during the day ten to twelve times, and at night several times copiously; 84, urethral blenorhea (this is the return of a suppressed gonorrhea, occurring while Chelidonium was taken for the swollen testicle which had resulted).

Hering in *Guiding Symptoms* speaks of gonorrhea with discharge of pus from urethra and burning pains while

urinating; strangury, lasting all day, with scanty urination; painful swelling of right testicle with tension and drawing in spermatic cord; catarrh of bladder with sexual excitation.

We have examined many other text-books, but failed to see any mention made of the action of Chelidonium on the glandular system, and it may be worth while to bring this specific action of the drug more prominently before the profession, for is not the liver the gland *par excellence*?

Obstetrics.

MASTITIS.

WILLIAM JEFFERSON GUERNSEY, M. D.

As mastitis rarely occurs except in lactation, the care of the breast cannot be too soon observed after confinement.

First, last and all the time, see that there is ample protection from the air. Warmth is a wonderful factor in promoting glandular health and activity, and nothing answers the purpose better than a piece of soft flannel secured at either upper corner near the shoulders and allowed to lay over both mammae; and lifted up (not let down, nor removed) while suckling the child.

It is an important point, also, to have the child commence nursing as early as convenient to the mother. Chilling of other parts of the body, especially of the hands, is a frequent cause of trouble, and checked perspiration, mental irritation and mal-nutrition are to be avoided at any time.

So much for general attention to health. Yet, in spite of gross carelessness, of poor food, or a combination of circumstances, the homeopathic prescription will always prevent suppuration if taken in time; and there is little satisfaction to the physician in treating an abscess through suppuration to resolution, for he knows that it is a catastrophe that should indeed have been averted.

Medicines will do much to hasten suppuration when it

is inevitable, and as to local measures I can see no reasonable objection to poulticing. Hold a basin of hot water under the breast and sponging the upper part of the gland from it will be beneficial, especially if followed by warm wrappings of which raw wool is the best. I believe that the breast should *never* be lanced. The opening which nature makes is smaller than that occasioned by the knife; is always made at the point nearest the surface; and a recurrence of the trouble is less likely from a natural evacuation of the pus, especially if a careful selection of the homeopathic remedy has been made.

As *Lac caninum* and *Phytolacca* are far ahead of any other remedies in aborting this trouble a comparison may be of service.

LAC CAN.

PHYTOL.

Affects one breast as much as *Right* breast.
the other; as *Phytol.* acts
particularly on the right
and Lac can on *either* it may
be given preference to the
left. If there has been sore-
ness or pain alternating from
one breast to the other, or
migratory trouble of any sort
about the patient it should
be used.

Much soreness, fulness and
pain, but not so much in-
flammation, although this
latter should not rule it out
of consideration.

Very much worse from least
jar; has to support the breast
in walking about, especially
on going up or down stairs.
Even worse from inspiration.

Induration in small lumps
like marbles. Considering

Inflammation marked with
soreness, fulness, and pain.

Not so pronounced.

Same in lesser degree; but
it has cured for me many

the fact that its membranous exudation in the throat is in small specks, I have (on the rule of similars) marked this "nodulated breast" high under Lac can.

Markedly worse toward evening—and EVENING. Worse after midnight; better in afternoon.

REMEDIES IN GENERAL AFFECTING THE

MAMMAE.—*Acon.*, *Aes.*, *Aeth.*, *Agar.*, *AGN.*, *All. s.*, *Alum.*, *Amb.*, *Am. c.*, *Am. m.*, *Anac.*, *Ang.*, *Ant. c.*, *Ant. t.*, *Apis*, *Arg. n.*, *ARN.*, *Ars.*, *Arum.*, *Asaf.*, *Bary. c.*, *BELL.*, *Berb.*, *Borax.*, *Bov.*, *Brom.*, *BRY.*, *Cac.*, *CAL.*, *Cal. p.*, *Calad.*, *Camph.*, *Can. s.*, *Canth.*, *CARBO A.*, *CARBO V.*, *Castor*, *Caust.*, *CHAM.*, *Chel.*, *Cinch.*, *Cic.*, *Cim.*, *Cina.*, *Cist.*, *CLEM.*, *Coc.*, *Coff.*, *Col.*, *CON.*, *Crot. t.*, *Curare*, *Cyc.*, *Dig.*, *DUL.*, *Frag.*, *Gamb.*, *Gels.*, *GRAPH.*, *Grat.*, *Guaiac.*, *Ham.*, *Hep.*, *Ign.*, *Ipec.*, *Iod.*, *Kali b.*, *Kali c.*, *Kreos.*, *LAC CAN.*, *Lac def.*, *Lach.*, *Lact.*, *Laur.*, *Led.*, *Lepi.*, *Lil. t.*, *Lyc.*, *Mag. c.*, *Mang.*, *Mer. c.*, *Mer. s.*, *Mer. v.*, *Mez.*, *Mill.*, *Mosch.*, *Mur.*, *Nat. c.*, *Nat. m.*, *Nic.*, *Nit. ac.*, *Nux j.*, *Nux v.*, *Op.*, *Pet.*, *Phel.*, *PHOS.*, *Phos. ac.*, *PHYT.*, *Plat.*, *Plumb.*, *Prun.*, *Psor.*, *PULS.*, *Ran. b.*, *Ran. s.*, *Raph.*, *Ratan.*, *Rheum.*, *Rhod.*, *Rhus.*, *Ruta.*, *Sabad.*, *Sab.*, *Samb.*, *Sang.*, *Sars.*, *Sec.*, *Sep.*, *SIL.*, *Spong.*, *Squil.*, *Stan.*, *Staph.*, *Stram.*, *Sulph.*, *Tar.*, *Ther.*, *Uva u.*, *Verat.*, *Zinc.*

MAMMAE LEFT.—*Aeth.*, *Agar.*, *Alum.*, *Amb.*, *Apis*, *Berb.*, *Bor.*, *Bov.*, *Cac.*, *Cal.*, *Cal. p.*, *Cis.*, *CON.*, *Cyc.*, *Grat.*, *Lac can.*, *Lil. t.*, *Lyc.*, *Mag. c.*, *Mosch.*, *Phel.*, *Phos.*, *Phyt.*, *Plumb.*, *SIL.*, *Spong.*, *Zinc.*

MAMMAE RIGHT.—*All. s.*, *Amb.*, *Cal.*, *CON.*, *Gamb.*, *Grat.*, *Kali b.*, *Kreos.*, *Lac can.*, *Mez.*, *PHYT.*, *Plumb.*, *Psor.*, *Sang.*, *SIL.*, *Zinc.*

SUBJECTIVE SYMPTOMS.

Aching, *Apis*, *Bov.*, *Con.*, *LAC CAN.*, *Lil. t.*, *Mosch.*, *Stram.*, *Zinc.*

Air, streaming through, *Cyc.*

Burning, Aes., Amb., Apis, Ars., Bell., Cal. p., Con., Iod.,
 Laur., Led., Lyc., Phos., Sang.
 Coldness, Cim., Coc., Dig., Rhus.
 Compression, Ther.
 backward, Ther.
 Constriction, Lil. t., Sang.
 Contraction, Bor., Cal. p., Stram., Verat.
 Cord, around.
 Cramp-like pain, *Lil. t.*, Plat.
 Cutting, Bell., Lepi., Lach., Lil. t.
 Darting, Carbo a., Grat., Iod., Kali b.
 Drawing, Cal. p., Kreos., Lil. t.
 Fulness, Bell., BRY., Clem., Cyc., LAC CAN., Lact.,
 Mer v., Nux v., PHYT., Sec., Sep.
 Grasping, Lil. t.
 Griping, Bov.
 Gurgling, Crot. t.
 Heaviness, Bell., Bry., Clem., Lil. t., Ther.
 Itching; Agar., Alum., Anac., Ant. c., Arn., Ars., Bary. c.,
 Berb., Bov., Cal., Canth., Carbo v., Caust., Con.,
 Kali c., Led., Lyc., Mez., Nat. m., Nic., Nux j.,
 Phel., Phos., Plumb., Rhus., Sabad., Sep., Spong.,
 Squil., Stan., Staph., Sulph.
 Lancination, see cutting.
 Milk flowing in, as from, Kreos.
 Pain, (undefined), Ang., Ant. c., Arn., Bary. c., *Bell.*,
Bor., *Bry.*, *Cac.*, *Calad.*, *CAL.*, *Con.*, *Crot. t.*,
Cyc., *Iod.*, *Kali b.*, *Lach.*, *LAC CAN.*, *Laur.*,
Lil. t., *Mer. s.*, *Murex.*, *Phel.*, *Phos.*, *Rheum.*,
Rhus., *Sang.*, *SIL.*, *Verat.*, *Zinc.*
 extending backward (through chest; to lumbar region;
 to scapula; to spine) *Lil. t.*
 downward to navel, Agar.
 side, Prun.
 forward beneath sternum; Sang.
 inward, *Phel.*
 nipple (from periphery to the) Kreos.
 outward, Gels., Mez.
 upward to arms, Curare.

- Pain, extending upward to neck, Lil. t.
 shoulders, Lil. t., Mag. c.
 labor, as though from, Lach.
- Pinching, Agar., Cal. p.
- Pressure, Am. m., Cal. p., Phos., Phos. ac.
 acute, Phos. ac.
- Prickling, Cal., Cim., Ran. s.
- Pulsation, Bell.
- Rawness, Mer. v.
- Sensitiveness. See Tenderness.
- Shivering, as if, Guaiac., Nux v., Pet.
- Shooting, Cal. p.
- Soreness, All. s., Ang., Amb., ARN., Arum., Bry., Calad.,
Cal., *Cal. p.*, *Cic.*, Graph., LAC CAN., Mer. c.,
 Nat. m., *Phyt.*, Rhod., Sang., Sep., Sil.
- Stitches, Aeth., All. s., Alum., Amb., Apis., Arg. n., Bary. c.,
 Berb., *Bor.*, Bry., Cal., Carbo a., Cim., Clem.,
 CON., Cyc., Gamb., Gels., Graph., Grat., Ign.,
 Jod., Kali b., Kali c., Kreos., Laur., Lil. t., Lyc.,
 Mag. c., Mez., Murex., Nat. m., Phel., *Phos.*,
 Plumb., Prun., Psor., Rheum., Sang., Sep., Sil.,
 Thuja, Zinc.
 fine, Plumb.
- Suppurative pain, CAL., Clem., Hep., Phos., Plumb., Sil.
 sensation, SIL.
- Swelling as if, Berb.
- Tearing, Amm. c., Amm. m., Bar. c., Cal., Cal. p., Carbo v.,
 Con., Crot. t., Grat., Kali c., Sang.
- Tenderness, *Cal.*, Cham., Clem., *Con.*, Graph., LAC CAN.,
 Mer. v., Nat. m., *Phyt.*, Ther., Zinc.
- Tension, Cyc., Puls.
- Tingling, Sab.
- Unpleasant (indescribable), *Phos.*

OBJECTIVE SYMPTOMS.

- Abscess. See Suppuration.
- Atrophy, Ars., *Con.*, Frag., *Iod.*, Kali i., Kreos., Nit. ac.,
 Nux m., Sars.
- Bluish, livid hue, Lach., Phos., Plumb.

Bluish, red hue, Kreos.
 Distension, Cyc., Zinc.
 Emaciation. See Atrophy.
 Fever (milk fever), Acon., ARN., BELL., BRY., Cham.,
 Coff., Ign., Mer. v., Op., *Rhus*.
 Flabbiness, Bell., Camph., Con., Iod.
 Heat in, Acon., Bell., Bry., Cal. p., Mang., Raph., *Sulph.*
 Induration, Arn., BELL., Bry., Cal., Cal. p., CARBO A.,
 CHAM., CLEM., Col., CON., Cyc., *Graph.*,
 Ham., LAC CAN., Lepi., Lyc., Mer. v., Nit. ac.,
 Phos., PHYT., Plumb., Puls., Ruta, Sep., SIL.,
 Spong., *Sulph.*
 Inflammation, Bell., Bry., Cal., CARBO A., CARBO V.,
 Cist., Con., Hep., Lac can., Mer. v., Phos.,
 Phyt., Sil., Sulph.
 Milk bad tasting, Bor., Mer. v.
 bitter tasting, Rheum.
 bluish, Lach.
 cheesy, Cham.
 copious (too). Acon., Ant. t., Asaf., BELL., Bor.,
 BRY., Cal., Cinch., Con., Iod., Kreos.,
 Lach., *Lac can.*, Lyc., Nux v., Phos.,
 PHYT., PULS., Rhus., Stan., Staph.,
 Stram.
 purulent, Cham.
 retarded by cicatrices, GRAPH., *Phyt.*
 salt tasting, Carbo a.
 scant, AGN., Asaf., Bell., Bry., CAL., Caust., Cham.,
 Chel., Cinch., DUL., *Lac can.*, Lyc., Mer. v.,
 Mill., *Phel.*, Phos.
 spoiled, Bell., Bor., Carbo a., CHAM., Cina., Ipec.,
 Lach., Mer., Nux v., Puls., *Rheum.*, Samb.,
 Stan.
 stringy, Kali b.
 thick, Bor.
 thin, Carbo a., Kali b., Lach., Puls.
 wanting, Agn., Asaf., Lac can., Urt. u.
 yellow, Rheum.
 Redness radiating from centre, Bell., Sulph.

Redness, streaks of, Phos., Rhus.

Suppuration inevitable, Hep., Sil.

threatened, Asaf., Bell., Cal., Cist., Dul., Kali c.,
Kreos., LAC CAN., Mer. v., Nat.
c., Phos., PHYT., Puls., Sep.,
Sulph.

Swelling, Aeth, All. s., Apis, Asaf., Bell., Berb., Brom.,
Bry., Cal., Cham., Clem., Con., Cyc., Dul.,
Graph., Hep., Lach., LAC CAN., Lyc., Mer. c.,
Mer. s., Mer. v., Phos., PHYT., Plumb., Puls.,
Rat., Sab., Samb., SIL., Sulph., Tar., *Uva u.*
Zinc.

lumps like marbles, Lac can., Phyt.

Ulceration, Phos., Phyt., Sil., Sulph.

fistulous, Phos., Phyt., San., Sil.

AGGRAVATIONS AND AMELIORATIONS.

Afternoon, < Aeth., Bell., Bry., Nit. ac., Phos., Puls., Sang.

Ascending stairs, < Bell., Cal., Carbo a., LAC CAN., Lyc.,
Nit. ac., Phos.

Bed (in), < Mur.

Bending forward, < Grat.

Breathing in. See Inspiring.

Cold, < from, Sep.

taking < Acon., Bell., Bry., Cac., Cal., Cham., Dul.,
Mer., Nux., Phos., Puls., Rhus.

Contusion, < Arn., Carbo a., Con., Ham.

Day < Con.

Empty, < when., Bov.

Erect < on becoming, Graph.

Evening < Arn., Bell., Bry., Con., LAC CAN., Nit. ac.,
Phos., Puls., Spong.

Exercising, < Ang., Laur., Ran. b.

arms, < Ang., Ant. c.

open air, < Am. m.

Flow of milk, > Cyc.

Holding them. See Supporting.

Inspiring, < Carbo a., Grat., Lac can., Mag. c., Plumb.,
Prun.

Inspiring, deeply, < Prun., Sang.

Jar, < Bell., Cal., Carbo a., LAC CAN., Lyce., Nit. ac., Phos.

Lifting. See Supporting.

Lying on left side, < Lil. t.

painful side, < Lil. t.

Menses < after, Cyc., Ther.

before, Cal., Con., Cyc., Lac can., Sang., Spong.

delayed, Bar. c., Cal., Con., Dul., Iod., Mer. v., Phos., Rhus., Ther., Zinc.

during, Cal., Carbo a., Caust., Con., Dul., Iod., Lac can., Lac def., Mer. v., Phos., Sang., Ther., Zinc.

suppressed, Rat.

Morning, < Calad., Cal., Carbo v., Chel., Lil. t., Nux v., Rhus., Sang., Zinc.

> Spong.

bed, < in, Plumb.

Motion, < Sep.

Night, < Acon., Arn., Ars., Cham., Con., Dul., Graph., Hep., Iod., Mer., Nit. ac., Plumb., Sil.

Noon, < Mag. c.

Nursing. < Bor., Carbo an., Crot., Kali c., Phel.
opposite breast, < Bor.

Paroxysmally, < Castor.

Periodically, < Ars., Kreos., Mer. s.

Position, change of, > Lil. t.

Pressure, < Ant. c., Cal., Carbo a., LAC CAN., Mer. v., Murex.
>, Kreos.

Rest, <, Rhus.

>, Kreos.

Riding, <, Sep.

Rubbing, <, Con.

>, Castor.

Sitting, <, Prun., Ther.

Sneezing, <, Phos. (Compare Jar.)

Stretching body, <, Ther.

Supporting breast, >, Bell., Cac., Cal., Carbo a., LAC
CAN., Lyc., Nit. ac., Phos.

Touch, >, Cal.

Walking, <, Lac can., Prun., Sep., Stram.

Dr. H. C. Allen: Personally I thank Dr. Guernsey for this repertory. His repertory of "hemorrhoids" in Vol. I of the Transactions, and his pocket repertory of "Diphtheria" are both very helpful. The latter should be a pocket companion of every physician.

Dr. Sawyer: I did not hear the first part of the paper. It seems to me an exceedingly important subject, and if his repertory is as good on this as it is on diphtheria, it is exceedingly valuable. I should like to have a few of the remedies confirmed which Dr. Guernsey speaks of, such as Graphites, where there are many cicatrices after abscesses have formed.

Dr. H. C. Allen: Does Dr. Guernsey puncture a threatening abscess?

Dr. Guernsey: I do not. Sometimes an abscess will point in a certain direction, and perhaps in a few days, under the influence of medicine, it will point in some other part, fully an inch away from the first place, and the reason for not puncturing the breast is, had I punctured it, I would have done so in the place I expected to at the start (*i. e.*, where it first pointed), and the fact that it did not break there would have shown me that I had made a mistake should I have done so.

Dr. Emory: In confirmation of Dr. Sawyer's remarks I might state that I had a case a few years ago, of a lady, who had had two children, and with both of them she suffered tortures from an abscess of the left breast, so much so that she dreaded this terrible knifing more than labor. She had never had homeopathic treatment. I assured her that she would not have any gathered breasts under homœopathic treatment. There were indications for other remedies during pregnancy, and I did not use Graphites until after labor, when these same old pains began as formerly, accompanied by swelling and hardness in the cica-

trices, but Graphites 15m. removed all the difficulty. I have never had to lance a breast.

Dr. Campbell: I would like to report a single case of mine. I followed another physician who officiated at the birth and attended to the case. There was a very extensive erysipelatous inflammation involving the whole of the breast. I cured the case, but was summoned to attend the other breast—I had never had such an occurrence before—and treated that in the same way for a little while. It was in an advanced stage of inflammation when I first saw it. "When did this come on?" I asked. She said: "I had been meddling with it, and would not have mentioned it if you had not spoken." I did not understand the circumstances of the case, but finally they came out. She had used injections of carbolic acid per vaginum. I had inquired about that before and told her to discontinue them. After the first breast healed she had commenced the injections again, and the abscess of the other breast was, I believe, the result of using the carbolic acid. They both suppurated, but as Dr. Guernsey said: "It pointed in one place and broke in another." Has any one else had the same experience?

Dr. Baylies: I have had the same experience, and have used Graphites under the same circumstances, for a series of years, and in the same person.

Dr. Campbell: I mean metastasis following vaginal injections. Am I wrong in attributing that effect to such a cause? It seemed very dark to me.

Dr. H. C. Allen: It is a good theory. I never lance a breast or use poultices of any kind. In my hands the indicated remedy is sufficient.—*Trans. I. H. A.*, 1889.

It pays to follow the law and the rules laid down for our guidance by Hahnemann. True, it may be harder work for the present, may require time and labor to work out a case, but every cure made in this way makes the path straighter, the road smoother and the work easier in the future.

Clinical Medicine.

CLINICAL CONTRIBUTIONS.

B. FINCKE, M. D., BROOKLYN.

CASE I.—Dr. Bloede told me of a case of sciatica worse in the night, that patient must get up and walk around. Mercurius was carefully selected according to the symptoms and the 6th potency given.

The next day patient said: "You have given me Mercury." He had salivation and a sensation at the teeth and gums as at a former time in Java, when he received large doses of Mercury for dysentery. But the pains were somewhat less. Upon a further dose of Mercurius 30 all the symptoms disappeared.

REMARKS.—1. The simility was satisfied with regard to the symptoms, but not to the dose.

2. Mercurius coming upon a psoric taint was probably the cause of his disease.

3. Mercurius low improved somewhat, but brought out pathopoetic symptoms of Mercury.

4. Mercurius high cured the old and new symptoms.

CASE II.—Dr. E. Stevenson, Virginia City, Nev., (*Med. Inv.*, XI, 38), gave to a conductor for vomiting from disorder of stomach, affecting the head with neuralgia, a dose of Nux vom. 30 at 10 P. M.

Half an hour after spasms set in continuing through the night from 10:55 P. M. to 8 A. M. Patient had 25 or 30 spasms, 15 or 16 of which were very violent, and all similar to those produced by Strychnine.

The case went into allopathic hands at 10:55 P. M., patient was finally restored to consciousness and case "looked hopeful," as the local paper remarked.

REMARKS.—The high potency produced pathopoetic symptoms and probably cured that for which it was given.

CASE III.—From a private letter of Dr. A. Lippe: "I

gave to an epileptic patient who had an attack always after a doze, at noon, Lachesis 60m (F.)"

The improvement commenced, and continued without any aggravation.

REMARKS.—Simility of symptoms and dose were satisfied.

CASE IV.—From the same source. A young lady of 18, formerly and repeatedly, quickly relieved from right-sided menstrual colic by Apis 200, complained after waking up, of cutting pains at the heart, as with knives, which decreased or increased, last a few hours, with redness of the face, followed by general coldness—had the attacks only when waking up; for two weeks in the country.

A dose of Sulphur 40m (F.) caused immediate amelioration which continued.

REMARKS.—Results show correctness of symptoms and dose.

CASE V.—Dr. Lippe took for diarrhea Sulphur cm (F.) and cured it, but got facial and other pains from it; and now after two months, has rheumatic pains of the intercostal muscles and of the heart, worse on moving, short difficult breath.

REMARKS.—Curative action followed by pathopoetic symptoms either from want of symptoms or dose simility.

The following remark of Dr. A. Lippe on this occasion is of importance:

"In high-sensitives the high potencies aggravate too much, and less high are better. These terrible, long-standing aggravations are not necessary, and though they are rare exceptions, we must learn to avoid them. There *must* be a difference; it is impossible that one and the same potency should always heal speedily and gently in all sicknesses and under all circumstances. There is a wide field open, and only the experiment and experience can decide."

CASE VI.—Dr. Hawley, *Med. Inv.*, August, 1881, page 162, gave to a syphilitic patient Nitric ac. 85m (F.)

seven powders. Patient would not take more of it because every powder made him worse.

REMARKS.—Selection of remedy and dose incorrect.

CASE VII.—Dr. Thorer gave Lachesis 30 for poisoning by the bite of a viper. Every dose produced severe aggravation, but the case, a fearful one, got well within five days. He gave three powders in all.

REMARKS.—Correct as to selection, but faulty as to dose.

CASE VIII.—For dyspeptic symptoms, probably from eating too rapidly, I gave Sulphur cm, six powders, one every night for two days. The whole esophagus from the cardia to the pharynx ached incessantly, proceeding from the place where she felt the pressure, which was felt for a few days after, and then disappeared. Since then she is like another being, perfectly well.

REMARKS.—Selection of remedy right; dose faulty.

CASE IX.—A girl with a soft tumor as large as a walnut upon the left seventh rib anteriorly, somewhat sore, occasionally a sharp, short pain, received Lachesis 7mm (F.). This helped her in a day's time, and for two weeks she did not feel the least pain. The third week the nose bled almost every day, sometimes very fast and quite a quantity, and then it would bleed only a few drops from the left nostril. The pain along the rib returned quite often during the third week and then changed to a beating; but the tumor showed no change.

REMARKS.—The result was pathopoetic symptoms only.

CASE X.—A woman got for headache over the eyes, with glimmering before them, and hammering in ears, sometimes snapping in ears, heat of cheeks, nausea; worse in evening and when sitting down, Pulsatilla 45m (F.). After one day's headache a thick, white, shiny leucorrhea excoriating the parts, followed by itching, and a sore blister on the left labium majus; which with all the first symptoms except the aural disappeared.

REMARKS.—Correct selection of remedy; incorrect of dose.

CASE XI.—A young man, taken too much with political excitement at an election, got Aconite 900 (F.) to be taken in water, two divided doses. Commenced vomiting of three quarts of bile in twelve hours, and went out the next day.

REMARKS.—Remedy correct, potency also.

CASE XII.—Consumptive patient from Phosphorus mm (F.) had every time he took it, diarrhea, with burning in anus.

REMARKS.—Dose incorrect.

CASE XIII.—Gave M. for difficult hearing in left ear lasting for several months (on hearing music and closing the sound right ear, the tones she hears are a few notes deeper) Argentum n., 40 m (F.) In the afternoon, she got a heaviness in the left upper half of the head above the ears. In the evening could hear the tones more distinctly; also the next day. The tones were equal in sound to both ears, but not so loud to the left. Later in bed the heaviness moved further upward and backward in the phrenological region of conscientiousness, and was gone the next day; and then the hearing was right.

REMARKS.—Incorrect dose, with pathopoetic symptoms, namely, the heaviness in the left side of vertex.

CASE XIV.—A woman received for spitting blood with pressure on the chest and thick yellow expectoration, Fer-rum met. mm (F.), which cured without any aggravation, and the symptoms were gone from the time of taking the medicine.

REMARKS.—Correct remedy and dose.

CASE XV.—Dr. Kaercher gave Plumbum 200 for colicky pain as if the abdominal wall were drawn toward the spine with cords, with thin yellow diarrhea.

"That medicine of yours," said the patient, "must be of powerful stock. The night I saw you the pains were simply horrible, toward morning they lessened and within two days everything was gone."

REMARKS.—Remedy right; dose incorrect.

CASE XVI.—In a case where for sore throat it was distinctly indicated, *Mercurius viv. cm* was given, but with no effect at all in regard to the pathogenetic picture. On the contrary, a number of symptoms developed which showed clearly the pathopoetic action of *Mercurius*.

REMARKS:—Remedy correct: dose incorrect.

After that the same patient presented a similar experience with other remedies from which the inference was now drawn that lower high-potencies 900 and 9m might act beneficially and curatively without producing a train of pathopoetic symptoms, which actually turned out to be so.

It must, however, be remarked that the pathopoetic symptoms observed upon the patient were most distinct and available for practical use, though obtained in a partially unhealthy state. Although theoretically the principle is right to prove the medicines upon the healthy, practically no such absolutely healthy persons are found, on account of the etiological influences of the arch-miasms which come down from thousands of generations upon our present age. We must be content, to test our remedies upon such persons as are in present good health and the symptoms which belong to the unhealthy conditions in former times being called out by the proving must be considered to belong to it, because the medicine had the power to hunt them up.

But to make use of such sensitive patients in their sickness for the sake of making provings is a procedure which ought not to be sanctioned. For the patient claims from our professional duty, to be *healed*, not made sick, and more sick than before, by remedies and doses calculated to bring out a valuable string of symptoms. The physician should strive to avoid this temptation, and to individualize the susceptibility of the patient, in order to find out which healing potency is to be given.

In addition to this personal sensitiveness must be considered; the sensitiveness produced by the distunement of the life-force during sickness; which sometimes, especially in the higher grades of sensibility where life is endangered,

resents the higher potencies. It remains, however, to be gleaned from experience and experiment what the highest potencies, *going beyond the millions*, might do.

Not much comfort for the latitudinarian who claims the whole scale of potencies, but hardly ever rises beyond the low decimals! Hahnemann shut down upon these in his 16th § of the Organon where he points upward, not downward. Hahnemannians inclining downward, should study this paragraph carefully, and make up their minds, that the similitude of the potency is the *necessary complement* of the similitude of the symptoms.

Dr. Emory: I have listened to that paper with deep interest; it is along the line of thoughts which have exercised me considerably and often. Dr. Fincke has certainly thrown some light upon the question, but has left us in darkness still. Has Dr. Fincke found out how we are to individualize our cases in regard to potencies? Is there any other way except empiricism? Are there any rules by which we can select the different potencies for different patients? I am sure Homeopaths all over the world would be thankful to Dr. Fincke for some light on this subject.

Dr. Reed: The action of potencies on the human organization is wonderful. A patient sick unto death from malarial fever, was treated by an Allopath, on account of the distance from a Homeopath. I was afterwards requested to make a visit. The simillimum was Sulphur, and I gave the 51m (F.).

The man was cured with one dose. In four weeks afterwards he had prosopalgia of entire right side of face, with extremely acute, lancinating, cutting pains, aggravated by heat and motion; when near the stove the pains were worse, but when cold the pains were easier; could not bear the heat. There is only one remedy; Bryonia 200. I gave him two or three powders to take with him. He went home and took the powders, four hours apart, and came back no better. I gave another dose of the same potency, he returned no better and much discouraged. I will cure

you right away I said; and I gave him a dose of 76m (F.) on his tongue, and in five minutes he said, "Dr. that is my medicine."

Why did Bryonia 200 do no good? Because he had had a potency of Sulphur 51m, and he had become used to a high potency, and a low potency could not act where a high potency had been acting.

It was the same way with a cough: here was a patient with a severe cough which Professor Kent had been treating. Phosphorus was the remedy, and the question was —as she received no benefit—why was it? Because she had always received Phosphorus cm, and Phosphorus 200 did no good, but the cm potency cured her at once.

Dr. Butler: It is all true, but how to do it is the question. My father, who was a large man, had a brother five feet seven inches; how is it they were not of the same height? We don't know. I quite agree with Dr. Emory. The paper is valuable as to the similitude of the dose, as well as the similitude of the drug; but at present we have no knowledge how to choose the potency of the remedy, but may experiment. I believe that the lower potencies are more safe for action in acute and the higher in chronic cases; perhaps because I have a tendency to frequently repeat in acute cases. I am going to use a line of the 200 for acute cases, and will report results.

Dr. Reed: They can be safely repeated provided you do not carry it too far. Give the remedy in solution and watch the patient until you get a satisfactory action of the drug, then stop and you are safe.

Dr. Schmitt: I have had cases where only certain potencies would act. I remember the case of a man who was a continual drinker and his stomach was deranged very often. He once came to me with colic in the stomach caused by drinking, and I gave him Nux vom. 200, and he hardly had taken it, and while I was preparing more powders, when with one eructation he said, "I am all right;" all the pain was gone. He came to me again and I gave him the cm. He returned in the evening and said, "The powders did not do any good,"—he took them on a full stomach. I

gave him Nux vom. 200 and he hardly had it on his tongue before he was relieved. I gave him during an attack of pleurisy Aconite cm, followed by Bryonia cm, but did not get a response. Then he called in another physician. I should have given him the 200 and I would have cured him.

Dr. Reed: You established a precedent in your 200.

Dr. Schmitt: That may be; although I have sent out a kind of feeler, as Sulphur or Sepia in the 30 then the 200, cm, mm; especially in cases of consumption, where Sulphur is indicated, I would rather give 200 of Sulphur first instead of the cm.

Dr. E. T. Adams: I have long known how difficult it was to find the indicated remedy; but from the present discussion I begin to realize that it is much more difficult to find the indicated potency.

Dr. Emory: Dr. Reed said that Dr. Schmitt has established a precedent in the first prescription of Nux 200. Is there anything in that? Can you establish a precedent of that kind? I think not. It certainly is contrary to my experience in the treatment of chronic cases. I nearly always begin with the 200 and let it act until it ceases; then if there is no change of symptoms I give a higher, and find it acts more efficiently. I generally give a higher potency if the remedy is well indicated.

Dr. Reed: I doubt if that is true. Here is a case that occurred after confinement. I knew her remedy was Calcarea. I had given Calcarea 200 before her confinement. I now gave her the 85m with no benefit. All the symptoms remained the same. I did not know what to do and hesitated for two or three days and then gave Calcarea 200 and she rested well afterwards. I cannot explain this thing to Dr. Emory; it will have to be explained in the future.

Dr. Custis: This is the most important discussion since the meeting convened, and it opens a subject which has shown just what this Association is in existence for, and I have studied it more than any other one. Dr. Butler will miss it if he divides his cases into acute and chronic. Some people are made for one potency and some for another per-

haps, but the difference is in the nature of disease. Diseases which depend upon change of function, such as Dr. Schmitt's man, can be met by a lower potency, with effect; but if there be organic change, I think better results come from higher potencies, and if the acute condition be engrafted upon the already organically diseased organ, the higher and highest act the quickest, but will not bear a repetition.

If Dr. Schmitt's patient had an organic disease of the stomach and had then gone on a spree, he would have had a better result with the higher potency than the 200 or the antipsoric remedy may have killed the patient.

It depends more on the constitutional condition of the patient and whether the disease is purely functional or threatens organic changes. High potencies act more promptly, and are the only ones that will cure diseases where there are organic changes such as tubercular meningitis, and then they must be used carefully and not repeated.

Dr. Schmitt: Is pleurisy an organic change?

Dr. Custis: It is after it has progressed far enough; that depends on your man. In some cases a low potency man cannot be acted upon by high potencies. Sometimes I get patients who have been all around before they could get any results from medicines. It seems to me to be more in the peculiarity of the patient.

Dr. Biegler: This field is an unexplored one to me. I have never been able to obtain a guide by means of chart and compass, and the only point in my mind on which I am quite satisfied is, that in acute diseases such as diphtheria I have never cured a case with low potencies; and I think if I get a case in time and no interference, I never lose a case of diphtheria with the high potencies. Also my experience is that I seldom have to repeat the dose. They recover on the single dose in the majority of cases. I proved that in a very severe case, where the remedy, Belladonna, cured in four or five days with a single dose. When we say that we ought to prescribe the high potencies in chronic cases, I am doubtful. Here is an illustration

that invalidates that proposition. Is there a better rule than to select the potency according to the susceptibility and sensitiveness of the organism of the patient?

Dr. Sawyer: We have had during the past autumn and winter in Kokomo, Ind., an epidemic of malignant diphtheria. Under allopathic treatment whole families died; some children died in spasms within twelve hours. I had my full share of cases and in no instance did I give any potency below the 5m. I lost no cases and rarely repeated my remedy.

Dr. Stow: However much we may search for the square rule for the selection of the potency, we shall never reach any other safe guide than that which the lamp of experience gives us. Judgment and experience must be the only guide by which to select the potency.

Dr. Long: The remedy *Calcarea carb.* was mentioned. Has any physician had a quick and prompt action from *Calcarea carb.* in chronic cases? Dr. Reed waited two or three days. I wait six weeks when I give any of the cm potencies.

President: It is moved and seconded that a vote of thanks be tendered Dr. Fincke for the able paper he has presented, and an invitation extended him to present at a future meeting the results of his observations and experiments in the use of remedies and their potencies. Carried.—*Trans. I. H. A.*, 1889.

MY METHOD OF TREATING PATIENTS WITH TYPHOID PNEUMONIA OR TY- PHOID FEVER.

S. SEWARD, M. D., SYRACUSE.

I examine the patient carefully and select the indicated medicine. I have the medicine given once in four to six hours until improvement commences, then omit medicine, unless or until the symptoms return, or new symptoms appear, and call for a new selection. I direct very *positively* that no nourishment be given the patient until I direct it to be done and what to be given. Under this treatment

and management I have not failed to cure; and have lost none in fifteen years, and only one case has lasted seven days, and one five days, and all others three to four days.

CASE I.—Typhoid pneumonia. A boy eleven years of age, was a week getting sick enough to take the bed. An allopathic physician of experience was called for a diagnosis. He decided the case to be typhoid pneumonia, and correctly; the patient had a severe fever, a rapid pulse, thirsty, tongue coated brown, dry and red toward the point. He was so lame in his muscular system that he could not turn in bed without help; had a cough and expectorated bloody mucus; a sharp pain in right chest directly over the liver; dulness on percussion in the chest above the liver; the liver was sensitive to pressure or coughing. He had Rhus in solution for five days, and cold water, and his symptoms were all absent. He was cured. Then I allowed him two small mouthfuls of lean beef roasted over coals to chew and swallow the juice and saliva—in six hours the same amount of beef and one mouthful of dry bread with it and so on gradually increasing the amount; no *slops*. He came up rapidly; his uncle said it was a miracle. I replied “only a cure.”

CASE II.—I was called to a babe five months old, suffering from cholera infantum, and being treated by a Polypath; had been sick for a week, and was being fed from a bottle. She was very pale and had a very old look in the face. I said at once Calcarea. The doctor came in soon. I inquired what medicine he was giving the child. He answered: “You know Chamomilla is good for teething, and Pulsatilla is good for indigestion.” He had each dissolved in water in a glass and had them given alternately every hour; low potency. The solutions were removed and one dose of Calcarea 30 was given dry, and I told the doctor if not better in one or two days to give a dose of the two hundredth. The one dose cured. The cause of the sickness was feeding swill milk. The doctor had paid no attention to the diet.

CASE III.—Patient, a married woman, had been sick for three weeks and treated by a Polypath. When I was

called to visit her, she was sitting in an invalid chair and could not rest her head back against a pillow or the chair. Her forehead must be held by the hand of an attendant day and night; she was emaciated; tongue heavily coated, dirty and foul; no appetite. Cough, with yellow and gray expectoration, of offensive smell and taste. The case commenced with pneumonia of the left lung, ending in suppuration of the posterior lobe. Her feet and legs to knees were swollen, edematous and cold; pulse weak. She was taking medicine from two goblets, alternately, once in three hours. After getting the symptoms I gave placebo and returned to my office, studied my case and selected Calcararea 30; gave one dose and solution of Sac. lac. The second day she could lie at an angle of forty-five degrees and rest and sleep, the expectoration diminished and all the symptoms were better; the third day she could lie down and sleep quietly. On the fifth day she was hungry, and soon entirely well, *on the one dose*.—*Trans. I. H. A., 1889.*

CASE FROM PRACTICE.

W. M. BAKER, M. D., TERRE HAUTE, IND.

December 24th, 1888, I was consulted in a case of rheumatism, which was of much interest and profit, illustrating one of the many truths in Homeopathy. While my faith and belief in pure Homeopathy is very strong, this was another case which strengthened it, and corroborated the teachings of Hahnemann who makes the statement, that if a remedy calls out symptoms which have existed already weeks or months before this apparent aggravation appeared the remedy has attacked the disease in its inmost nature. That we should not feel the least uneasiness if the ordinary symptoms of the disease are called out by the antipsoric remedy in a higher degree of intensity than usually manifested. This so-called homeopathic aggravation is a proof that the cure is not only probable, but may even be predicted with certainty. Believing this to be true I waited with confidence, and was not disap-

pointed; the symptoms disappeared in inverse order of appearance, and a cure was the final result.

The case was that of a young lady who had been sick since September. She had consulted an Allopath who prescribed all the scientific liniments, both of ancient and recent date, together with the usual prescriptions that make up the armament of the old school. The only change after four months of this treatment was for the worse. She then conceived the idea of trying "sugar pills," and she came to me, completely discouraged that she would ever be cured, for Allopathy had failed, and her faith in the efficacy of Homeopathy was very small; like many she believed it would do her no harm, if she received no benefit. Fortunately for my patient and also myself, she had not received any "scientific" (?) "shotgun" prescriptions. As is often the case with patients coming from old school practice. She would speak only in a general way of her disease, and it was only after much time and labor that I drew out the following history:

The first symptom noticed was an eruption, which appeared like drops of blood under the skin; this condition soon disappeared, followed by lameness, stiffness and soreness of the joints; then pain and swelling. When I first saw her, the symptoms were as follows:

She broods much over her condition; while questioning her she cannot restrain the tears.

Pain changes from joint to joint.

Pain (straining) from hip down to feet.

Pain (stitching) about the heart.

Cannot lie on either side from pain.

Restless at night, cannot sleep.

She rests best lying on abdomen.

Worse: from motion; before a storm and damp weather; until midnight.

Better in the open air.

Craves sour things; vinegar, pickles, etc.

Goneness and faintness in the stomach at night, relieved by eating.

Hungry before going to bed.

Bowels constipated. Pulse 72 and regular. Nux v. 200, one powder, and Sac. lac.

December 26th: Sleep better, otherwise the same.

Contraction of cords under knees and arms. Weeps easily. Pulsatilla cm, three powders, and Sac. lac.

January 5th: Was better until yesterday, then worse.

Weather shows indications of a storm. *Shooting pains through head down neck and into malar bone.*

Desire to take a long breath.

These symptoms and all that came up in the case were those she had suffered before, only more intensified. She was much discouraged at the return of her old conditions, but I made her happy when I informed her it was the proper course for the disease to take and a cure was almost certain. Rhus tox. 200, one powder, dissolved in twelve teaspoonsful of water; dose, two teaspoonsful every three hours for three doses, followed by Sac. lac.

January 16th: Better in every respect. Sac. lac.

January 24th: Craves sour things.

Awakens after midnight about 2 A. M. with hunger.

Lameness and soreness of knee joints when walking.

Stiffness on beginning to walk, better after continued walking.

Cramps in calves of legs when walking.

Desire for the open air. Lycopodium cm, one powder dry, and Sac. lac.

February 6th: Much improved. The eruption and great weakness of the ankles has again appeared; all other symptoms have gone. Sac. lac.

February 12th: Feels very well; eruption gone and the only symptom remaining is weakness of ankles, which soon disappeared.

The past week has been stormy, but she feels no inconvenience from it. Sac. lac.

Since then she remains perfectly well. Changes in the weather and storms of any kind are passed through without any difficulty.—*Trans. I. H. A., 1889.*

ETIOLOGY OF DISEASE: RELATING TO ZYMOSES.*

J. C. NOTTINGHAM, M. D., BAY CITY, MICH.

The cause of disease is thought by many physicians to be of no practical utility; others from the moment they begin the study of medicine until superanuated by old age, think it the greatest subject to master, and most so-called scientific prescriptions are based upon the supposed cause of disease; and it is generally conceded, that he is the best physician who answers this question before writing a prescription. "Impure blood," "neuralgia," "rheumatism," "biliousness," and similar generalities, answered every purpose for many years; now "malaria" is quite satisfactory to many physicians, and answers equally well for scientific (?) prescriptions.

"Germs introduced into the system by inhalation, by absorption or with the ingesta, from sewer-gas, decaying animal or vegetable matter, is the cause and continuance of all zymotic diseases."

I do not hope to disprove this theory, but I wish to divert your minds for a few moments.

The predominant treatment of the so-called "bilious fever," so prevalent in this "malarial climate of Michigan," is the administration of an aperient, cathartic, or vile purgative, followed by a cerebro-spinal stimulant, quinine or its substitute.

Before the administration of the physic, there was an unfermenting accumulation of organic debris; but after the physic there is fermentation throughout the entire alimentary tract and a dysenteric-diarrhea, then, followed by the cerebro-spinal stimulant, absorption must take place, unless the *vis medicatrix naturae* in the patient is stronger than the doctors' drugs.

Are physicians who announce their belief in "malaria," and follow this predominant mode of treating diseases, rational and consistent? If we would prevent diseases caused by ferment, would this procedure be considered scientific? Or are we to first create the "germs" then kill

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the animals? Are germs the cause or the consequence, of diseases?

I am aware that educated physicians hold that all zymotic diseases are caused by a specific germ, and that rubeola, scarlatina, diphtheria, small pox, Asiatic cholera, phthisis pulmonalis, typhoid fever, etc., are zymotic diseases; that sewer gases cause zymotic diseases, hence sewer gases have as many and varied specific conditions or properties, as relate to the effects produced, else how could it cause diphtheria at one time, at another typhoid fever?

Is it not a fact that zymosis has never been shown to occur in a living healthy organism, without there being a loss of vital force in the organ or tissue favoring fermentive action? Tenia or ascarides never occur until there is a nidus to favor their development and growth, so likewise must there be a deviation from perfect health before micrococci, or bacteria can infest an organ or tissue.

In the diversion of nutrition we find hypertrophies, which, when restored, are removed; so also, when the intestines become atonic, and vermicular action is impaired, we have accumulation of feces, (most apt to occur in the cecum, because of the form and situation of that intestine), and from this intestinal irritation, and extension to Peyers' glands, the cerebro-spinal excitation, loss of vital resistance, and the fermentation produced, will give in due time the well known, and to many pathognomonic symptoms of typhoid fever, to-wit: "gurgling in the right iliac fossa upon deep pressure," with all its accompanying phenomena. After the ferment occurs, we may find the bacillus typhosus, and not till then; so, who will say that this germ was the cause of the fever?

We may admit that typhoid fever may be produced by inoculation of an healthy person by this "specific germ," as quinia will produce intermittent fever, or podophyllin will produce diarrhea; and why? Because of the specificity in its affinity to, or influence upon the given tissue which causes the phenomena observed. But because one has intermittent fever or diarrhea, we do not argue that

they have taken quinia or podophyllin. We find that all diseases are cured by varied remedies at different times or in different individuals, so the influences, causes, and conditions are varied, and not specific.

Grauvogl says: "The aim of all science must be directed to this; in the place of the contingent to set up that which law makes necessary, and every particular to refer to its universal; for these two predicates connect with things."

"That this postulate is not yet put at the head of every branch of medical science and art, is one of the greatest riddles of this enlightened age, as we are wont euphemistically, to style it. Even in the sciences elementary to therapeutics, in chemistry, physiology, and pathology, we find a great number of accidental observations; these are partly collected and proved to be correct by that art of experiment which is now-a-days exclusively practiced, partly rejected, or we find those already thrown away, are brought into use again, and this uncertainty is the characteristic of contingent, empirical knowledge."

CLINICAL NOTES.

EDWARD M. RUSHMORE, M. D., PLAINFIELD, N. J.

CASE I.—Mr. M. had for many weeks an aching in the region of the heart. The pulse being irregularly intermittent, sometimes every third beat, at others missing only two or three beats in a minute. Spigelia had given temporary relief to the pain. Acus Carinita fel. 30 was given in a single dose, and the pain was quickly relieved for more than two weeks, but there was no improvement in the pulse. When the pain returned the cm potency of the same remedy removed it for a longer time. Two months later the pain returned and yielded again to this remedy in the 30th; later it had no effect on the pain, when it had become sharp, slightly burning, and extending to the left scapula. Then Kali carb. 24 m (F.), one dose, was given, and it gave great relief; later, and now more than a month ago, Kali carb. cm (F. C.) was given and he has since that

time been free from the pain. The pulse continues variably intermittent.

CASE II.—Miss H. had pain in the left hip on rising from a seat, and cramp in the calves at night only. The toes catch sometimes and remain doubled under. Rhus 900 (F.), one dose, removed all the symptoms.

CASE III.—Mr. A. had cough nearly five weeks, caused by a suffocative feeling in the upper part of the chest. The cough is worse after breakfast and toward evening. Expectoration is nearly constant, greenish, tasteless, thick and lumpy. There is pain and soreness in the right side of the chest; on moving or coughing a sharp cutting pain as if he had lifted or strained. If he lies on the right side there is pain in the left, lying on the left side relieves the pain. He is tall and slender, with red lips. He received Kali carb. 10 m (F.), one dose, and called later to say that the medicine had removed his cough and pain.

CASE IV.—Mrs. C. had, following pleurisy, a cough for nearly two years. In the pleurisy, she had great sinking of the stomach, which led to giving a dose of Sulphur with great benefit. The cough came only on lying down in the day time, was not severe, and always ceased with a little easy expectoration.

Several apparently related remedies had been given without removing the cough, and as it was not troublesome the patient had come to regard it as a legacy from her former sickness, and it went some time without attention. Again she had the weakness or empty feeling at the stomach and a dose of Sulphur high, was given. Shortly afterward she called on me to say that I had cured her cough.

This case strikingly illustrates the principle that the curative indication may lie in quite other symptoms than those from which the patient seeks relief.

CASE V.—Miss W. had sharp severe pain about the heart causing cries; she gets relief only by getting on her knees and pressing her head on the floor. The menses are scanty, short, pale, and attended with terrible cramps. She received Pulsatilla cm (F.), one dose. Eight months

later she reported that the medicine stopped the pain at the heart in less than ten minutes and that there had been no return.

CASE VI.—Mr. W., aged about 35 years, married, suffers from seminal emissions in sleep, with or without dreams. He had three in one week, but feels no bad effect from them. He received Cinchona 31m (F.), one dose. Four months later he reported that the emissions ceased after four or five days.

CASE VII.—Mrs. H. complains of the head aching and feeling heavy; it inclines to the left side and wants support. The face red; prickling in the hands and arms in the morning; very dizzy from turning or moving the head quickly; had two dreadful shootings in the heart; slight swelling above and below the eyes. Kali carb. cm (F. C.), one dose, removed all the symptoms.

CASE VIII.—I was called out one night to see Mr. P. and found him suffering from an intense radiating pain in the right hypochondrium, with vomiting and ineffectual urging to stool. I gave a dose of Nux vom. 40m. In ten minutes he said, "I begin to feel easier," the improvement continued steadily and I was soon able to leave him free from pain. He had had several attacks like this, called gall stone colic, yet never relieved like this one, but which lasted several hours.—*Trans. I. H. A.*, 1889.

CALCAREA FLUORICA IN INDURATIONS.

G. P. HALE, M. D., MEMPHIS, MICH.

Chas. D. had been under allopathic treatment for two weeks for typhlitis, and when called I found him very much reduced, suffering extreme pain. Palpation discovered a tumor extending from the cecum to the inferior border of the liver, hard from induration and very sensitive. I found him lying upon the right side with the leg flexed upon the abdomen to relax the abdominal muscles. This position mitigated the severity of the pain. The indicated remedies were given for the acute symptoms, among which Rhus tox was the most important, but the absorp-

tion of the induration threatened to be a stumbling block to recovery, and an old allopathic physician declared that an abscess would result; but under Calcarea Fluor. 3x, a small powder dry upon tongue every two hours, the induration was rapidly absorbed, and a speedy recovery of an almost hopeless case was the result.

DYSMENORRHEA.

A. M'NEIL, M. D., SAN FRANCISCO.

July 20, 1888, was called to see Miss Carrie D. She is a brunette, sallow, emaciated, 20 years old. Seven years ago had typhoid fever, treated allopathically, and never has been well since; always ailing and delicate. Before that her menses had been established and she was a very healthy, vigorous girl. Last winter was taken with convulsions and the most violent abdominal pains, usually coming on at 8 P. M. and continuing till 2 A. M., during which time she went from one convulsion to another, and whenever conscious the abdominal pains were excruciating. Her attending physician, a so-called Homeopath informed me that he had repeatedly given her Morphine hypodermically, half grain doses, but it only took off the edge of the suffering and did not touch the convulsions. He had also given Chloral and Valerianate of Quinine. He did not mention the doses of the latter drugs but it is a fair presumption that the doses were *full* ones. He had called in a professor who approved the treatment. This attack lasted two months.

I saw her at 6 P. M., and learned in addition to the above that in her comparatively healthy times she was liable to have general aching pains relieved by motion, and fever blisters. When her menses came she was free from the convulsions and violent pains, and she has now missed her period. In two hours the convulsions would be due and I prepared her mother for a bad night as she was not to take any opiates. I gave her Rhus 200, two powders, one immediately and the other in an hour, and placebo.

July 22, 11 A. M.: Called and learned that the night after I saw her she had a light convulsion and no pain, and went to sleep and slept most of the night. The following evening she had been wakeful and had some aching. She afterwards received Rhus 500, one or two doses, and ever since has enjoyed good health, to date, January 20, 1889.

In considering the anamnesis of this case it is clear that in her typhoid fever she had required Rhus, as it was the epidemic remedy at that time and the sequelæ showed the need of it, and the gratifying effect of it when given is a demonstration of that fact. Carroll Dunham relates an instructive case of deafness of thirteen years standing in a young man, which he cured with Mezereum on the sole indication that the patient had had an eczema capititis just before the beginning of his deafness, in which he (Dunham) saw the picture of Mezereum.

INCIPIENT TUBERCULAR MENINGITIS.

April 29, 1888: A boy of 10 months, residing at 806 Montgomery street.

Anamnesis: He is the fourth child, his three predecessors all died before they were even a year old, having convulsions, stupor and other cerebral symptoms. His father died of consumption when the boy was five months old. He had not desired coitus from the time my patient was begotten until a week or two before he died.

Present condition: He has two teeth recently cut, is thin, anemic, cries constantly during the day time and is only quiet when carried, but at night sleeps well. His crying is not vigorous but whining. Fontanelles open, head large, fair complexion but not leucophlegmatic; sweats much when asleep about the head and neck, other functions apparently normal. Calcarea 200, two powders.

May 16: Less sweat, more amiable, an itching eruption which annoys him a good deal. Sulphur 200, one powder.

May 31: Eruption gone, is better but some of the former symptoms have returned. Calcarea, one powder, dry.

June 12: Improved much, but is not so well now; itching returned. Sulphur 200, one dose.

July 9: Has improved very materially, but a short time ago began vomiting his milk in a curdled condition. Aethusa 30, one powder. This was followed by prompt improvement which continued till August 14, when the itching returned. He has cut several teeth. Sulphur 6m, one dose.

September 26: Has improved very much, but eruption has returned. Gave Sulphur again, one dose.

October 2: Was taken with fever; picking and boring in the nose, white around the mouth. Cina 30, one dose.

October 11: A return of the worm symptoms. Cina 30 in water, every two hours for twelve hours, which brought prompt improvement.

May 1, 1889: He now has all the teeth a child of his age should have, and is a healthy boy.

CEPHALALGIA.

April 2, 1888: Was called to see Mr. C. He is a young man of 20. Found him writhing with agony and actually weeping, for which he apologized by saying the pain was so excruciating that he could not help it. The pain is frontal. He has been living in southern California. He was in such agony that he could not answer questions with any calmness, but knowing Rhus and Bryonia were the epidemic remedies and that it had its origin in atmospheric influences and it was clear that Bryonia was not indicated as he thrashed about so, I gave him Rhus 200 in water, a teaspoonful every fifteen minutes. In an hour found an unmistakable improvement. Gave Sac. lac. Next day a marked improvement. Sac. lac.

The following day still better. But on the third day not so well; same symptoms but far less intense. Rhus 500 a powder. Next day much better but on the following evening not so well, pain not severe, and aggravated by motion. Gave Bryonia 30, one powder, which required to be followed by a powder of Rhus 35m, which completed the cure.

INTERMITTENT.

September 10, 1882: Miss G., tertian, chill comes at 1 P. M., and continues an hour and a half; then fever for four hours, headache, aching in the bones, aggravated by motion, fever blisters, nausea and vomiting. Four days ago took 27 grains of quinine which only shortened the paroxysm a trifle.

Gave Bryonia 30, twelve powders, twenty-one hours before the time of the next paroxysm. None followed.

INTERMITTENT.

September 13, 1882: A baby with remittent fever. Profuse salivation. Mercurius 200.

14th: No better. Rhus 30.

15th: No better. Bryonia 30.

16th: Not clear as to improvement. Sac. lac.

It then settled down into an intermittent tertian type for which I gave lower potencies of Rhus and Bryonia, but with no benefit.

28th: The baby wants to be carried into the open air, and while there is good. Gave her Pulsatilla 15m. No more paroxysms.

CONVULSIONS AND VOMITING OF PREGNANCY.

October 31, 1882, was called to see Mrs. D. She is in her second pregnancy, but does not know how far advanced. She has had convulsions for five days, coming at 6 P. M. and lasting till midnight. She has colicky pains, emanating from the left ovary; swelling of vulva; violent pain in urinating, which is only performed with difficulty. Has fever blisters; aching in bones, relieved by motion. In the convulsions bends back till her head and heels approximate. Gave Rhus 30.

November 1: In the morning no perceptible change. But at 6:30 P. M. convulsions return with unabated violence. Sulphur 6m, as she is subject to burning of the feet.

November 2: Had one light convolution after I saw her. She tells me she has been vomiting even the lightest and smallest quantity of food for three months; bitter taste.

At 8 P. M. was called and found her in the fifth convulsion. Gave Rhus 1m in water, every two hours a tea-spoonful.

November 3: Had only a light convulsion after I saw her last evening. Sac. lac.

November 4: No convulsion. She had heartburn and vomited once last evening and again this morning. She is always hungry at 9 P. M., and what she eats then appears to digest. This has been the case all through her pregnancy. Sac. lac.

November 6: She has a peculiar shooting out of the left leg, and drawing it in again in the same way. Pains still continue. Was hungry at 9 P. M. Sac. lac.

She continued to improve and went on in good health, and had an easy delivery.

CHRONIC SORE THROAT.

December 2, 1883: It would be committing an Irish bull to call this a case of chronic tonsilitis, for the tonsils were excised before I took it, but with no benefit to the patient, who was a young German-American girl of sixteen, who had been a good singer but had lost her voice. When I discharged her she was able to sing as well as ever.

She has had her tonsils enlarge every time she took cold, which was very frequent. She has had three physicians, one of whom was a Homeopath. Her throat is worse every morning and evening. The pains on swallowing are as if a splinter was in the throat. She is subject to sick headache over the left eye. Gave her twelve powders Hepar 30, one to be taken every six hours.

December 7: Pains all gone. She however has had headache for three days. Sac. lac.

December 11: Once in a while feels a little pain in the throat, but no headache since the 7th. Hepar 30, one dose.

December 26: Had a slight sore throat last week in the morning. Hepar 3m, one dose.

February 3, 1884: She had a headache a week ago and a little soreness of the throat in the morning. Hepar 5m, twelve powders, three a day.

February 22: Had headache and nausea after supper for a week. Hepar 30, twelve powders, four a day.

March 9: Has some dryness of the throat in the morning, otherwise well. Hepar 5m, twelve powders, two a day.

Shortly after this an attack of malarial fever, which Bryonia 30 cured promptly.

March 18: A little soreness of the throat which Hepar 30 failed to benefit, but the 55m, one dose, soon cured and left her well.

I have many times observed that when a chronic disease was undergoing cure that the epidemic remedy would become indicated and when given relieved the case for a while and then the former remedy or another antipsoric would again be required. This I have seen so often that I have learned to accept the appearance of symptoms which indicate the epidemic remedy, as an evidence that the medicine I have given is the right one and that my patient is on the way to health.—*Trans. I. H. A., 1889.*

ARTHRITIS: LITHIUM CARB.

W. M. FOLLET, M. D., SENECA FALLS, N. Y.

Mrs. ——, aged 40, in stature small, nervous temperament, brown hair, blue eyes, has always had a fondness for pastry and highly seasoned food; result, an attack of dyspepsia which she was some time in getting rid of, otherwise has been healthy until about four years ago, when she had inflammation of the heart—endocarditis. Two years ago had double pneumonia, and since then has had a slight attack of rheumatism which involved the lower extremities principally.

In May, 1889, had quite a severe attack, and thinking it would soon "get well of its own accord," no treatment. Pains began to appear in different parts of body, as side, arms, until finally leaving the lower limbs altogether, and attacking the first and second joints of the index and middle fingers of each hand. The patient endured this for some time, then concluded to seek medical aid.

Symptoms: Index and middle finger joints nearly twice their usual size, swelling pale, tender to the touch, dull aching pain, worse on left side; pain worse toward evening and forepart of the night—patient falling asleep toward morning, awakening very tired and “hands feel like so much lead,” puffy and stiff, any attempt to move them makes her sick at the stomach, although no actual vomiting has ever occurred—they feel somewhat better after using them a little, although any attempt to lift any weight produces the nauseating feeling. About the joints there is a fibrinous deposit. Has aching in the knees and ankles at night, restless, feel heavy in the morning on attempting to move them. Bladder irritable, profuse urination, odor strong at times, some pain. Menses, since the attack, delayed from two to three days, at times pain quite severe, especially in left ovarian region. During this attack there has been much cardiac irritability, pulse quick and somewhat irregular; sudden jerks about the heart compelling patient to hold her breath. All the symptoms are worse on left side. To my mind we had to deal with a case of sub-acute rheumatoid arthritis. Lithium carb. 3x made a cure in two days; the fibrinous enlargement about the finger joints has greatly diminished. At present the enlargements are hardly noticeable; function of joints perfect.

CASES TREATED IN THE WOMAN'S HOMEOPATHIC HOSPITAL, PENNSYLVANIA.

JENNIE MEDLEY, M. D.

CASE I.—Katie P., aged 24. This patient had suffered with irregular menstruation since her fourteenth year, at which time she contracted a severe cold by leaning against a damp wall. Had been regular for two years previous. After suffering for several months, she was taken to an allopathic physician who dosed and treated her locally up to the time she came to me. She knew nothing about Homeopathy but was determined to give it a fair trial. In addition to this condition she had a soreness and burning in the left lung with a dry, hacking cough, could not lie

on the left side, appetite very poor, had not menstruated for three months, but at the time it should appear had labor-like pain in the back and pelvic region with great restlessness. She also had burning, throbbing headache from forehead to vertex, from which she was very rarely free. Phosphorus 71m (F.) was given. The next day about noon she had a slight coughing spell after which she raised half a teacupful of bright red blood. During the week she had three similar attacks, and although I was alarmed, gave no other remedy. It was days before I noticed any change in the symptoms, when the cough was better and her appetite began to improve. The second period that arrived after being under my treatment she menstruated for the first time in four months, but with equally as much pain as she had experienced before. After the period was over she felt better than she had for years. The next month was equally as satisfactory which was the first regular period since her fourteenth year.

The next symptom to appear was a violent headache, this lasted two days and one night. I was afraid to repeat the Phosphorus, therefore, was obliged to wait for something further to develop. At length the patient informed me that she could not remain in bed, that the heat aggravated her head, that sitting by the open window relieved it, and that she also felt uncomfortably warm all over, especially her hands and feet. I prescribed Sulphur 55m, one dose. She reported next day that the headache was relieved in ten minutes, and that she retired and slept all night. Shortly after this she went to the country to teach school, remained there about eight months, when she returned to me, reporting that she had been regular up to two months ago when she began to go back into the old condition again.

This time she had the following symptoms: Very weak if she exerts herself in the least, or if any one speaks unexpectedly to her she breaks out in a cold perspiration; constant headache, pain in the left frontal region; pain in the left lung more severe than ever; cannot lie on the left side. Sleeps very little the latter part of the night; has

fever followed by profuse sweat, noticed mostly from four to five A. M.; sweats mostly about neck and chest. If she talks a little while begins to cough. If she sits down for any length of time is obliged to fan herself, if she does not will breathe hurriedly, which causes her to feel weak and break out in a cold perspiration. On these symptoms Carbo veg. was prescribed. I saw nothing of her from this until last week when she began to feel badly again; she said she didn't know when she had felt so well as she did in the last four months, but the last condition had returned. I repeated Carbo veg., and am anxiously awaiting the result.

CASE II.—Jane T. came to the dispensary complaining of very acute neuralgic pains, so severe that she had not been able to sleep for one week. The pain began over the left eye as if she had been struck by a club, and extended over the head, down the neck to the shoulder blade, only on the left side; nothing relieved it. With the neuralgia she had wandering rheumatic pains, sour eructations after eating and was very low spirited. *Pulsatilla cm* (Johnstone) relieved the neuralgia entirely in one-half hour. Other symptoms were also relieved.

CASE III.—Mrs. P., aged 25, had been perfectly well all her life until three weeks before she was admitted to the hospital. She got her feet wet in the snow and slush, which resulted in rheumatism in the left wrist and hand, and right ankle and foot. She was treated by Allopathy and electricity with but temporary relief. She was then brought to the hospital. Her left hand and also right foot and ankle were very painful and swollen, could scarcely move either, the pains being worse at night; she also sweat a great deal at night. She also had pains in the right wrist and hand and left foot and ankle, but not so severe as in the former. I consulted Dr. Kent in this case who prescribed *Lachesis*, which relieved the pain speedily, and the patient was able to get about in four weeks. She used her left hand in five days; but she was not able to get about on her foot very well for four weeks.—*Trans. I. H. A.* 1889.

LA GRIPPE.

SAMUEL SWAN, M. D., NEW YORK.

The wide prevalence of la grippe, and its cause, has been commented on extensively, but with no very definite result. Certain atmospheric conditions may lead to a clue as to cause. Some years since, it is reported, the mercury in St. Petersburg rose 32 degrees in one night, and the next day there were 40,000 cases of the grippe. Did the sudden rise in temperature come from the lessening of ozone in the atmosphere, for it was said to be below normal the next day. If investigations have been made in this direction they have not appeared in print, but it would be well to fill a chamber, where there were persons sick of the disease, with pure oxygen and ascertain the effect. There does not appear to be any symptom of the disease itself, to make it fatal, and cases left on the expectant treatment, have recovered; but the parties were strong, healthy persons, when attacked. Now there is no reason for a strong, healthy person, dying from the grippe, but such *have* died and I think the cause lies in the great quantity of that deadly poison Quinine which is given indiscriminately to all. The grippe is a disease of a depressing nature, and, when added to that, we have the terrible depressing after effect of Quinine—it is more than the vital force can react against and the croupous bronchitis, is followed by croupous pneumonia, and death closes the scene. But this is not all. The insanities, the suicides, the murders are greatly due to this deadly poison. Hahnemann made a careful investigation of its effects, on himself and his friends, for it was from this drug, the Cinchona, that he made his discovery of the law ‘*similia similibus curantur*.’ I will quote from his provings some of the mental symptoms, and the alternate conditions of exaltation and depression are recognized by every observant physician.

“Intolerable anxiety, he jumps out of bed, and wants to kill himself, and nevertheless, dreads to approach the window or the knife. He tosses about the bed, beside himself, and in despair; inconsolable, distressing, moaning and

screaming; taciturn; obstinate silence; disobedience; want of docility. Ill humor increased by caresses. He despiseth everything; dissatisfaction; he thinks he is unhappy, and imagines he is tormented, and teased by everybody. He is vexed and gets easily angry. Anger increasing to the most violent wrath; he could have stabbed one. Inclines to feel angry, and seeks opportunities for it; afterward quarrelsome and disposed to grieve and reproach others. Congestion of the brain, and abolishes the cerebral functions. It causes deafness, and serious inflammation of the internal ear. Blindness, ischemia of the retina; neuritis. It produces stupor, delirium and convulsions. Disturbance, or rather emptiness of the mind—insanity, excitement. Feeling of impending evil in the afternoon; fretfulness; anger after sleep, even about a draught on the legs. Apathy, indolence, disinclination for mental labor. Thought difficult when writing. Memory ‘muddled,—mistakes in writing ‘left’ for ‘right’ and *vice versa*. Loss of power to name substances; mistakes in adding figures; perception of quantities impaired; vacancy of ideas.”

Quinine has a specific action on the spinal cord and spinal nerves. Its first effect is to excite the nervous action, which is followed by a depression of the vital functions, and an increase of sensibility—and the depression is more profound than the previous exaltation. Characteristic indications are general languor, sudden sinking of strength, trembling of the limbs, nervous twitchings, convulsions; violent headache in the vertex, causing great anguish and delirium. It is not my intention to give more than an outline of the effects, but I quote from the respiratory organs to show why it produces pneumonia, and why people, who have habitually taken Quinine, generally die when attacked by pneumonia.

“Hoarseness from mucus in the larynx. Whistling, whizzing, rattling in the trachea and larynx. Tracheitis—catarrh of the trachea and bronchi. Cough from constant irritation in the throat as from the vapor of sulphur, without expectoration. Nocturnal suffocating cough, like whooping cough, with intense pain. Violent cough after every

meal. Cough with expectoration of blood-streaked mucus. Cough with difficult expectoration of clear tenacious mucus, with painful concussion of the scapula. Hemorrhage from the lungs. Cough with purulent expectoration. Adynamic preliminary phthisis, with profuse purulent discharge, loss of strength, evening fever and night sweats."

Why sudden deaths occur, may be inferred from the following heart symptoms: "Faintness; fell suddenly in the street; fell to the earth senseless; rush of blood to the head and face, which was red and hot, with coldness of the hands; violent palpitation of the heart; sensation as if the heart had stopped, pulse cannot be felt; heart ache; heart failure; melancholy feeling about the heart, with desire to take a deep inspiration."

It will be observed how few stimulating symptoms there are compared with the depressing ones. Business men, brokers and lawyers, men engaged in business that causes "brain fag," generally keep a box of Quinine pills in their pocket, and when they feel themselves "letting down" they take a pill as a "pick me up." But should they have pneumonia, and they are apt to be attacked with it suddenly, they will surely die. An eminent physician, lately deceased, than whom there was never a more careful observer, gave this as his belief, the result of many years experience; and my own observation has confirmed its truth. I think if the truth could be known, hardly a person has died of the grippe, who has not taken Quinine. But not all have died of pneumonia. The violent, unbearable headache, principally in the top of the head, is followed by coma, varied by violent delirium, stupor, and cerebral apoplexy preceded by redness of the face, closes the scene; and this condition is caused by Quinine.

It was reported in the papers that on Monday, the 6th of January, there were 82 corpses in the Morgue, and that they were all the bodies of suicides. The great depression and hopelessness resulting from Quinine with the desire to kill, would account for many or most of these suicides.

All of the symptoms mentioned above, are liable to appear when massive doses of Quinine are given—but from

want of knowledge, physicians declare Quinine to be harmless, and give from 5 to 50 grains at a dose; and the result of too much, is delirium and death. Antipyrin is now being proven, and no doubt we shall find another deadly poison, which is given without knowledge, and without judgment. If physicians were examined as to their knowledge of *drug action*, the surprise would be, that they ever dared, recklessly to give such poisons at all.

Most of the above symptoms were obtained by the proving of *Cinchona officinalis*, or Peruvian bark, while Quinine is *Cinchona* mixed with Sulphur, making *Chinninum sulphuricum*; but the addition of Sulphur, only intensifies its action, as there is no greater depresser than Sulphur.

If this paper will "call a halt" in the use of Quinine, the object of the writer will be attained.

January, 1890.

[As the epidemic has appeared in the west not a Quinine symptom has been present, and yet many self-styled Homoeopaths have given it in massive doses, especially as a preventive. A superintendent of an Insane Asylum recently said, that: "Were it not for the indiscriminate use of Quinine we could dispense with at least one-third of the asylums for the insane."—ED.]

MEDICINE IN INDIA.

C. S. DURAND, M. D., BILASPUR, C. P.

When in Boericke & Tafel's establishment in N. Y. City last August, purchasing supplies for use here, I was gravely assured by a clerk in high authority that my high potencies would not "work" in India because the diseases are too violent. I called the gentleman's attention to the fact that diseases are violent enough in America to kill the patient, and begged to be informed how greater violence could be manifested.

The following cases may serve better than argument to show whether potentized medicines will "work" in a hot climate.

CASE I.—Raju, house servant, aged 30, small and spare.

Complains of slight fever and pain in left shoulder and knees. Also pain all through chest on motion.

Cannot raise left arm—it causes pain.

Pain in knees agg. and extends to calves of legs when walking.

December 4: Bryonia 30, three doses half an hour apart.

December 5, 9 A. M.: Symptoms all gone except slight pain in left shoulder. Bryonia m., one dose.

7 P. M.: Well; and has remained so.

(The last dose, I admit, was unnecessary).

CASE II.—Francis, 50 years old, large, apparently good constitution.

Complains of severe stitching pain in right lung two inches below nipple, extending through to back; worse on motion of any kind and deep breathing. The most careful inquiry brought out no other symptom.

December 10: Bryonia 30 in water every hour.

December 11: No better. Silicea 200, in water, three doses.

December 12: Well. (Having only the one symptom, I could not decide between Silicea and Bryonia, but gave the latter the preference on account of the decided aggravation from motion. Silicea, however, proved to be the simillimum).

CASE III.—Mrs. C., 12 years old. (The natives marry at a very tender age). Has vesicular eruption on right side of abdomen over lower ribs and below. Constant burning pain—worse at night. Could not sleep on account of pain.

December 19: Arsenicum 8m, three doses.

Slept comfortably the first night after taking medicine, eruption immediately disappeared and has been well ever since.

The following will illustrate the difficulty often experienced in obtaining symptoms:

Coolie: Says he went to the jungle ten days ago and drank the jungle water which now remains in his stomach, causing fever sometimes at night. Persists that the water

is yet in his stomach though he has no symptoms that would indicate anything wrong in that organ. It is merely a superstitious notion.

Postmaster, a native: Says he has a worm in one tooth. When asked why, he says, "because it pains him, and how could it pain him unless there was a worm in it?"

I make no record of such cases and if I prescribe at all do so by guess, preferring my own guesswork to theirs.

There are some valuable medicinal plants here of which I shall be glad to furnish preparations for provings on application. I will also assist in making provings.

December 28, 1889.

[We will publish the provings with pleasure.—ED.

REVISION OF THE MATERIA MEDICA.

I would like to express my opinion on the matter, contemplated by some of our physicians, of revising all our provings and eliminating therefrom all except the "true physiological action of remedies." Now this is merely an imitation of allopathic nonsense. Allopaths are continually prating about the "physiological action of drugs." There is no such thing. Drugs are poisons and their primary action is always toxicological or pathological. Physiological action can only be affirmed of food or aliments, and their action is always salutary or healthful. That drugs have a curative or therapeutical power is certain, but whether this is an actual power (a secondary power of the drug) or the reactionary power of the organism is not always apparent.

We may not need further provings for the present, nor do we need any elimination of those we now have. What we do need is the full verification, by clinical means, of the therapeutic power of those we now have. Verification, or provings at the bed-side, one of the best kind because most practical, and if these do not extend to every symptom of every remedy it matters not. It will do no harm to allow all such symptoms to stand, as future investigators may prove their correctness and value.

DETROIT, MICH.

E. R. ELLIS, M. D.

THE
MEDICAL ADVANCE.
AN ADVOCATE OF
HOMEOPATHIC MEDICINE.
H. C. ALLEN, M. D., EDITOR.

The Editor is not responsible for the opinions of contributors. Personalities being foreign to scientific discussion, must be excluded.

Editorial.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime."—HAHNEMANN.

REVISION OF THE MATERIA MEDICA.—The craze for revision of our *Materia Medica* goes bravely on in the East, nearly every issue of some of our esteemed contemporaries giving us examples of how it should be revised. Have these revisers ever stopped to think what the result would be—where Homeopathy would be to-day—had their plan of revision been adopted by Hahnemann as the foundation on which to erect a *Materia Medica Pura*? Had *seven* or even *five* confirmations of a symptom been required by Hahnemann, where would have been that magnificent collection of provings on the healthy forming the *Materia Medica Pura* and *Chronic Diseases*, on which nearly all our triumphs as a school have been based. "Too many symptoms in the *Materia Medica*." "They cannot all be reliable, and it is impossible to tell which are reliable and which are worthless." "Its impossible to master our cumbrous *Materia Medica*." "No one can remember all the symptoms of even one polychrist." Such are some of the senseless objections made to our *Materia Medica* by those who neither know how to study it or how to use it. The same objections, with as much logic and reason, could

be made to a medical lexicon or to Webster's, the Imperial or the Century Dictionary. It was never intended that either the *Materia Medica* or dictionary be committed to memory. Hahnemann, Bonninghausen, Gross, Jahr, Hering, Dunham and Lippe all used their works of *Materia Medica* as works of reference, after they had "taken the case." That is what a *Materia Medica* is for. Those who can prescribe "off-hand," by "guessing," do not need a *Materia Medica*.

We cannot make this more clear or emphatic than has Hahnemann in the *Organon*:

§ 153. This search for a homeopathic, specific remedy, consists in the *comparison* of the totality of the symptoms of the natural disease with the lists of symptoms of our tested drugs, among which a morbid potency is to be found, corresponding in similitude with the disease to be cured. In making this comparison, the more *prominent, uncommon* and *peculiar* (characteristic) features of the case are especially and almost exclusively considered and noted; for *these, in particular, should bear the closest similitude to the symptoms of the desired medicine*, if that is to accomplish the cure. The more general and indefinite symptoms, such as want of appetite, headache, weakness, restless sleep, distress, etc., unless more clearly defined, deserve but little notice on account of their vagueness, and also because generalities of this kind are common to every disease, and to almost every drug.

In the "condensed" symptomatology of *Bryonia* as given by the Baltimore Club in the *Hahnemannian* for June, 1889, are the following:

GENERALITIES.

A NEW MATERIA MEDICA.	REMEDIES HAVING SIMILAR SYMPTOMS.
BRYONIA.	

Languor. Weakness. Lassitude. Disinclination for work. Fatigue. Prostration. Pains in various parts of the body. Alumina, Arnica, Arsenic, Baptisia, Cinchona, Mercury, Phosphorus, Silica, Sepia, and at least one hundred others.

These are the symptoms which Hahnemann says "deserve but little notice" because vague, indefinite, and "common to every disease and almost every drug." The *Cyclopedia of Drug Pathogenesis* is based upon this exclusion plan and cannot be of any possible use in therapeutics, even to its authors. It may be valuable as a toxicological reference and a standing rebuke to the

homeopathic school for its allopathic tendencies, in the technicalities in which it is clothed. It may also induce some Allopath to examine Homeopathy and, through a failure, reject it. Poor, emasculated Bryonia. Your best and oldest friends would not know you in your Baltimore dress.

The most valuable symptoms of this polychrest are those of the mind of which the Baltimore Club give the following:

SYMPTOMS GIVEN.

- Irritability.
- Morose, ill-humor.
- Depression of spirits.
- Feeling of anxiety.

SYMPTOMS OMITTED.

- Talking of the business of the day in his delirium.
- The patient desires to go home.
- Desire for things that cannot be had, which are refused or not wanted when offered.
- Anxious, peevish, hasty disposition.
- After anger, chilly or a red face and heat in head.

The symptoms "given" are found under many remedies, are common, hence worthless therapeutically. The symptoms "omitted" are *uncommon*, found nowhere else and no matter what the disease, are always indicative of Bryonia. And so of every rubric in this "New and Scientific Materia Medica." The more "scientific" it is made, the more nearly it resembles Bartholow, Ringer, and Brunton the better it pleases the so-called Homeopaths who graduated in the allopathic school and have been for years trying to adapt the Materia Medica of Hahnemann to their allopathic notions.

* * *

THE STATUS IN ALABAMA.—H. M. Paine, M. D., is our highest authority on all matters pertaining to medical legislation, and he affirms that the acquittal of Dr. Brooks and the consequent withdrawal of actions against Drs. Lyon and Myers is only temporary. In a recent communication he says:

It is desirable to notice in connection with these cases two of the more important points.

One is, the fact that Dr. Brooks escaped on a mere technicality, viz., that the civil and penal codes were not "co-extensive" in their "provision," a conflicting condition which was inadvertently introduced during a recent revision of the code, and one which unquestionably will be speedily amended.

The other important point to be noted is, that the *right of the State to control medical practice by county and State authority is most emphatically affirmed.*

Dr. Cochran, State health officer, as reported in the Birmingham *Age Herald*, of December 28th, 1889, states:

"The decision of the Supreme Court sustained the law all the way through, but construed away the penalty for its violation. It says, in effect, that Dr. Brooks has no right to practice medicine in Alabama *on a mere diploma, and without a certificate from the regular constituted examining board;* that he is in violation of law, but that there is no penalty attached to such violation; in short, that the law is all right, but there is no way to enforce it."

The position of the leaders of the allopathic school, having been greatly strengthened as to the most important provision of the law, viz., *the right to establish State medical licensure, under its "police" regulations,* the adjustment of a penalty, more or less severe, will surely and quickly follow.

* * *

ANOTHER OUTRAGE.—The *Seattle Intelligencer* of February 8th says: The Senate passed the bill establishing an Allopathic Examining Board in Washington, by a vote of 22 to 11.

Comment and Criticism.

Ask yourself if there be any element of right and wrong in a question. If so take your part with the perfect and abstract right, and trust in God to see that it shall prove expedient.—WENDELL PHILLIPS.

A PLEA FOR SACCHARUM LACTIS.

Editor Advance: Having had access for some years to the record books of three of the largest homeopathic dispensaries in New York City, I have been surprised at the almost entire absence of the words "Saccharum lactis" from their pages.

Whether the prescription be for a new case or an old one, it is always a drug, never a placebo—which brings one

to the following conclusions, viz: That if a walking case be seen for the first time (unless plainly indicating but one drug) to always prescribe a remedy *at once* argues either an impossible, unattainable knowledge of *Materia Medica*, or an absolute ignorance of the Hahnemannian principles of prescribing. And secondly, that if the case be an old one, to continue to give the same drug or constantly to change the remedy, means either that the patient does not improve, or once more, that the physician is at fault in the method of prescribing.

It is clearly our duty to do the best for our patients whether they pay us or not, whether they meet us in our offices or we meet them in the dispensaries. Now if a case is seen with the pronounced and unique characteristics of *Lycopodium*, to give *Lycopodium* is doing our best; the same of *Sulphur* with its 11 A. M. aggravation, dislike of water, etc., and so of a few, not many, other remedies. Far more often there will be no keynotes, the whole condition being made up of general symptoms apparently common to several drugs. What is our duty here. To prescribe any one, perhaps our favorite, of half a dozen remedies, hoping in a vague sort of way that it will at least do *some* good? Clearly not, but promptly and confidently to give *Sac. lac.* with the determination then and there made, to study the case elsewhere, and to give the simillimum if found, at the following visit; if not found, to get instead, more symptoms the next time, again giving *Sac. lac.*, thus not dispensing the remedy that is to cure until the patient is seen for the third time.

Often have I had the keynote, almost as if purposely, reserved until the second or third visit; one case of intermittent that I especially remember, in which six or eight remedies seemed equally indicated, until on seeing the patient for the third time, the 11 A. M. aggravation which I had not dared to suggest, was incidentally mentioned, upon which *Sulphur* was prescribed, and no other or further medicine was needed to cure the trouble of over two years' standing. Not only a keynote but the whole group of symptoms, will rarely be secured on first seeing the patient.

Should there be any smiting of conscience at giving "only Sac. lac." on the first, second or even the third visit, equanimity may be restored by the reflection that we are giving our time, which is of infinitely more value to the patient, if rightly used, than the non-indicated remedy! We should remember too, that a "snap" prescription may bar or delay our own progress in the future treatment of the case.

As to my second point, the absence of Sac. lac. prescriptions for those patients who have already received treatment at our hands, surely there must be improvement in some of the cases treated, even in dispensary practice; why then repeat or change the drug in face of the rule "no medicine so long as the improvement lasts?" I know of one physician who feels culpable if Sac. lac. does not appear oftener on the dispensary record than 'any other prescription.

One more use for *Saccharum lactis* is suggested by the fact that a patient (a medical student) who received some powders in one of our dispensaries, counted in one of them, no larger than the rest apparently, 206 medicated pellets! Had Sac. lac. been substituted for about 200 of these, the powder would have done as much good without the risk of doing harm, for not improbably such a careless or ignorant prescriber would quite as soon have given the same quantity in the lowest potency. Can it be that these dispensary records are indices to the private practice—and theory—of many of Hahnemann's followers."

HELEN COX O'CONNOR.

51 W. 47th Street, New York.

New Publications.

CATARACT: ITS NATURE, CAUSES, PREVENTION AND CURE. By J. Compton Burnett, M. D., London: The Homeopathic Publishing Company. 1889.

The homeopathic profession is again indebted to Dr. Burnett for one of his delightful essays, and all who have read "Curability of Cataract with Medicine" will be more than pleased with this.

effort. In the preface the author says: "Such a person as an ophthalmic *physician* does not, I believe, exist in Europe." But we have them in America. The theory is that "Salt, Sugar, and Hard Water" are among the chief causes of cataract, and evidence from the experiments of such men as Kunde, Müller, Von Graefe Kolliker, Virchow and Köhnhorn in Germany, Richardson in England and Weir Mitchell in America, is given to substantiate the pathological position. After fifteen years of investigation Dr. Burnett has reached the conclusion: "That any ophthalmologist who cannot at least arrest the progress of a very large percentage of his cataract cases, does not know his business." The chief reason assigned by the profession for the non-curability of cataract, is the allopathic one of treating the disease instead of the patient. Dr. Burnett puts it in this way: "If there be one reason greater than another which prevents progress in curative medicine, it is the entirely false conception so many have both within and without the profession, that a disease is an entity by itself, requiring a good stout therapeutic entity to oust it." The profession in general will find something of interest here; whether the ophthalmic surgeons will, depends—upon a reading.

A TREATISE ON SURGERY, ITS PRINCIPLES AND PRACTICE. By Timothy Holmes, M. A., Cantab., Consulting Surgeon to St. George's Hospital. With 428 illustrations. New American from the fifth English Edition. Octavo; pp. 1008. Philadelphia: Lea Brothers & Co., 1889.

Every physician who has had the pleasure of consulting Holmes' splendid Encyclopedia of Surgery can at once form some conception of the value of a condensed work by the same author. This work is a practical condensation, a "boiling down" of these large volumes into a convenient volume for ready reference in every-day practice, and so well has it been done that little of real value to the surgeon has been omitted. In fact, in its systematic arrangement it is a model of precision and conciseness. But in order to keep abreast of the times and to reduce the work to its present proportions, the chapter on Diseases of the Eye, which formed a part of the former edition, has been entirely omitted. Considering the rapid advances of Ophthalmic Surgery and the consequent multiplication of text-books in that specialty, we think the surgery of the eye should never again be included in a work on general surgery, and the editor has evinced wisdom in the omission. In a former edition the author said that "a knowledge of the main principles of diagnosis and operative treatment ought to be possessed by every surgeon in the case of diseases of the organs of special sense, quite as much as those of the rest of the body." This is just as true now as when first written. But the circumstances have so changed and modified the operative

treatment, that sufficient space could not be devoted to it in a work on general surgery. The most marked changes in the work are to be found in the chapters on Inflammation; Diseases of the Bones and Joints; Abdominal Surgery and Intestinal Obstruction; Diseases of the Breast; Tumors; Wounds and their Treatment, and the Operative Treatment of Cerebral Localization. To meet the demands of progress in these departments within the last decade, these chapters have been subject to extensive revision or entirely re-written. Especially is this true in respect of cerebral localization; and while an honest attempt has evidently been made to elucidate the etiology of tumors, it is doubtful if the classification here adopted will not confuse rather than enlighten either student or practitioner. The distinction between the Sarcomata and the Carcinomata—tumors of the connective tissue and those of the epithelial varieties—is, to say the least, very fine. The theory of the editor may, however, be as good as any.

But the chief defect in the work—and an important one too—is the reliance which the editor places upon the antiseptic dressings, Carbolic acid, Salicylic acid, Iodoform, Corrosive sublimate, &c., despite the repeated assertions, substantiated by the published statistics of many of the most brilliant and successful surgeons of Europe and America, that their results are much better since they ceased to use them. These men have been in search of the best methods of operating—the means by which they could obtain the largest percentage of recoveries—and after a fair and honest trial of antiseptics in thousands of cases, have discarded them in every form as not only *useless* but *positively dangerous*. And when we consider that this work has been going on for the last five years within one hundred miles of the editor's sanctum, we certainly think him negligent not to have at least stated this fact and given both sides of the controversy.

Again, on page 67 the editor says: "I am a very great advocate for always dressing the wound again within twenty-four hours of the operation, in order that all the dressing which has been more or less soaked by the oozing of blood and serum, should be got rid of. This should be done under the spray or with careful irrigation." Amputations of the thigh and other major operations are now dressed after the operation and allowed to remain from twelve to twenty days, or until the wound is entirely healed. This plan is now adopted for nearly all abdominal operations with the most marked success. The author's plan was the method from five to ten years ago, and in these particulars the teaching is not up to the times. The editor, not the author, is however responsible for this, and Surgeon Pick should awake from his Rip Van Winkle sleep if this is what he teaches at St. George's Hospital.

PLAIN TALK ON AVOIDED SUBJECTS. By Henry N. Guernsey, M. D. Second edition. Pp. 128. Philadelphia: F. A. Davis, 1889.

The watchword of this little book is "preserving chastity and reclaiming the unchaste," and it bears the imprint of an honest man in his efforts to elevate the human race by preserving the children. He says: "It has been too much the custom for every one, parents included, to shrink from instructing their own children, or those entrusted to their care, on these points; consequently many young people *solely from their ignorance* fall into the direct evils of a sexual nature and are thereby injured and sometimes ruined for life's important duties." Here is a small volume which can be safely placed in the hands of a patient, and if its instructions are carefully followed, will protect him or her from the follies, and dangers of youth. Every Homoeopath should have one in his library.

THE PRESCRIBER: A DICTIONARY OF THE NEW THERAPEUTICS. By John H. Clarke, M. D., Edin. Third Edition; Revised with numerous additions. London: Keene & Ashwell. New York: Boericke & Tafel. 1889.

The *revision* of this little handbook means much to the Homeopath. We had occasion to criticise the first edition for teaching polypharmacy. In the preface to this edition the author says: "Where formerly two remedies were advised to be given in alternation, the particular indications when to give the one and when the other are now supplied. The indications will be found to be more symptomatic and less pathological than formerly." In other words, it is more homeopathic. The author still considers it his duty to advise a low potency and frequent repetitions of the remedy, an error which he should have dropped when he dropped alternation.

SAUNDER'S QUESTION COMPENDS.

No. 6. *Essentials of Pathology and Morbid Anatomy.* By C. E. A. Semple, M. R. C. P., London, with forty-six illustrations.

No. 7. *Essentials of Materia Medica and Therapeutics* arranged in the form of questions and answers and prepared especially for students of medicine. By Henry Morris, M. D.

These ready remembrancers will be found of great practical utility not only to the student but to the practitioner as well. Should be found in every library.

INTERNATIONAL MEDICAL ANNUAL for 1890 is announced for early delivery.

The Prospectus gives promise of excellencies surpassing former editions. Its thirty-seven editors in the several departments are to give a summary of New Remedies alphabetically arranged, also

a resume of New Treatment in Dictionary form; with references to the Medical literature of the world pertaining to the year's progress of Medicine.

In one volume of about 600 octavo pages; price, \$2.75, post free.
E. B. Treat, Publisher, 5 Cooper Union, New York.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. The January number contains:

Neuralgia: Its Etiology, Diagnosis and Treatment. By Gowers.
The Prognosis of Diseases of the Heart. By Leyden.
The Sputum: A Contribution to Clinical Diagnosis and Practical Examination for Tubercl Bacilli. By Kaatzer.
Hypnotism: Its Significance and Management. By Foel.
The Forms of Nasal Obstruction. By Macdonald.

MONTHLY NURSING. By A. Worcester, M. D. New York: D. Appleton & Co., 1890.

This work, the author tells us, "has grown out of a series of lectures given to the nurses at the Boston Lying-in-Hospital." They are elementary and popular in character and contain much practical information either for the amateur or professional. "Cooking for invalids" is a brief chapter in the appendix that may be referred to with advantage by others than the nurse.

QUIZ COMPENDS. PHYSIOLOGY. By Dr. Brubaker. Fifth edition, revised and enlarged. Philadelphia: P. Blakiston, Son & Co. 1889.

That this practical pocket manual has reached its fifth edition is the highest compliment that can be made of the estimation in which it is held by the profession. Both author and publisher should be satisfied. A complete circular of Blakiston's Compends will be sent free upon application.

THIRD ANNUAL REPORT OF HELMUTH HOUSE. September 15, 1888, to June 15, 1889. Illustrated.

One of the most valuable surgical reports which has appeared the past year. "The Laparotomies," by Dr. Helmuth, form a valuable addition to our literature and will be studied with profit by every surgeon. Many of the cases were necessarily of a grave character, yet the mortality is only about three per cent.

PURPURA HEMORRHAGICA: A CLINICAL STUDY. By Prosper Bender, M. D. Boston.

This is the clinical history of a fatal case with a review of the present state of our knowledge of the affection, given in the very readable style of our former Boston correspondent. The paper was originally prepared for the Massachusetts Society.

PUBLICATIONS OF THE MASSACHUSETTS HOMEOPATHIC MEDICAL SOCIETY for 1888. Boston: 1889.

This volume contains the specimen charts of critical analysis of drug-provings by Drs. Sutherland and C. Wesselhoeft, and is the best work of the kind that has ever been done; but it is not the kind that Homeopaths need to cure the sick.

TRANSACTIONS OF THE HOMEOPATHIC MEDICAL SOCIETY OF NEW YORK. Vol. xxiv: 1889. Pp. 416.

Besides containing many able papers this volume contains a "Directory of the Homeopathic Practitioners of the State of New York" and a Photo-engraving and biographical sketch of H. M. Dayfoot, M. D., President.

CONGESTION OF THE LUNGS AND ITS DANGERS. By Thomas Nichol, M. D. Montreal.

This is No. 6 of the "Montreal tracts on Homeopathy" and deals with etiology and pathology of acute and passive congestion of the lungs. It is well written.

Editor's Table.

PERSONAL. After March 1st the *editorial address of THE MEDICAL ADVANCE* will be Hyde Park, Chicago, where all correspondence, manuscripts, for publication, books for review, etc., should be sent. Correspondents will please note change.

MARRIED.—At Indianapolis, February 4, W. B. Clarke, M. D. and Miss Alice P. Winnings.

MARRIED.—At Syracuse, N. Y., February 4, Frederick Hooker, M. D. and Miss Anna F. Warner.

THE MALTINE COMPANY have issued the second set of etchings of noted medical men. This time it is Drs. Shrader and McKenzie.

THE COMPASS is the first of a sprightly eight page monthly, published in the interest of Grace Hospital, Detroit, by an editorial Board of which Dr. Knight is managing editor. We wish it success.

CONSISTENT (?) "A pharmacy agent informed me to-day, that he sold, in one trip, 5500 anti-constipation pills to homeopathic physicians.
H. C. MARROW, M. D."

SHERMAN, TEXAS, January 30, 1890

["It is a dirty bird that soils its own nest," yet some professed Homeopaths persist in disgracing themselves and their school by such inconsistencies. This allopathic palliation seems necessary when *their* knowledge of Homeopathy fails. ED.]

MICHIGAN STATE SOCIETY.—*Editor Advance:* There is a disposition on the part of many to ignore our State Society, and there never was a time when it needed the aid of every Homeopath so much as to-day. There is a determined effort being made to establish an Examining Board that will effectually impede our prayers, and every Homeopath in Michigan should be present at the next meeting of the State Society, which meets at Lansing May 20.

D. M. NOTTINGHAM, President.

DIED.—Charles L. Cleveland, M. D., January 14.

"Dr. Cleveland was first sick with the prevailing epidemic, went out to soon, relapse, pneumonia. Was ill about ten days from the relapse. Was sick three or four years ago with typhoid fever from which he never completely recovered.

"His death is a sad loss to the profession, for he was a most brilliant young man.

H. F. BIGGAR."

February 9, 1890.

The following memorial of the late Dr. Charles L. Cleveland was adopted by the Round Table Club, of which he was a member, at their meeting on Wednesday evening, January 29:

"We have set aside the formal 'whereas' and 'resolved' for the simpler phrase of common speech, better suited to express our love, our sorrow, and our remembrance. In August last twenty-five homeopathic physicians formed the Round Table Club. Amongst us all there was none more full of life and its cheer, of hope and its promises, than Dr. Cleveland. When we heard of his death we could scarcely believe that he, who had been all health and strength, lay lifeless. Then we followed his body to the grave.

"We meet to-night; for the first time his place is vacant. There remain only memories. We think of the kind face; the generous heart; of the ready hand that never waited to balance claims and service. The man we mourn to-day was one of the few staunch defenders of the homeopathic faith. One of the few who were faithful to the trust imposed upon him to the end. Though yet a young man, his teaching as professor of *Materia Medica* and his contributions to the journals of our school, his great industry, his sound and logical reasoning, his unexcelled ability for the analysis of drugs, were causes for his success and gave great promise of soon placing him at the head of his profession as a physician, a teacher, and especially a writer. His worth, his kindness, his courteous manner, and constant readiness to assist his professional brethren by his counsels will cause his name to be long held in affectionate remembrance. We are sure the profession will join us most heartily in an expression of sympathy for his bereaved widow and children. May he who alone has the right to say, 'Let not your heart be troubled,' speak to them in their loneliness and loss and comfort them with his presence and his love. Of him it may indeed be truly said: 'He hath done what he could.'"

THE
MEDICAL ADVANCE.

A HOMEOPATHIC MAGAZINE.

VOL. XXIV. ANN ARBOR, APRIL, 1890.

No. 4

Materia Medica.

CARBO VEGETABILIS.

J. T. KENT, M. D., PHILADELPHIA.

I take up one more of the deep acting medicines that we may have one more parallel in the study of the miasms, then I shall take up the short acting medicines, that I may be able to show you something about the study and genius of acute miasms.

The greatest study of the Homeopath is in becoming acquainted with diseased action. We find this in drugs, to a better advantage than in natural sicknesses. One of the most important things for the homeopathic physician is to get a clear understanding of the nature of the peculiarities of each kind of disease, and all the peculiarities of each member of that family of the disease. Diseases and medicines run in families, and it seems that everything with which, as homeopaths we have to deal, runs in groups and are related to each other.

It would be almost impossible for us to have a thorough understanding of the three chronic miasms, were it not for the fact that we have cases of artificial miasms, drug sicknesses.

Now I am in hopes after we have finished this particular

drug, that you will take up the study yourselves. Take a medicine that ought to be a long acting drug, so that you can pick out the image of it and get at its real nature, because this must be mastered before you can have much of an appreciation of the symptoms; and on the other hand you must have a clear appreciation of the symptoms in order to understand the nature of the drug. The symptoms are really the outer reflected image of the real disease that the drug produces. Now if you do not understand this outer reflected image, and if you do not understand the symptoms, you will not understand the disease. They go together. If you do not understand the disease you will not understand the image, they go hand in hand; they are alike, and so when you see one you see the other. You may read over the symptoms, but just so long as you undertake to commit them to memory, so long as you see the symptoms in the language of the prover, and undertake to commit to memory that language, just so long you fail to see the inner nature of the disease that the drug produces.

It is more than likely that Hahnemann had a clear understanding of this, and that herein existed the wonderful genius of the master; that he had a clear comprehension of the nature of the sickness and a clear comprehension of the nature of the pathogenesis. Were it not so, how could he have had the prevision he had when studying cholera—a disease that he had never seen—simply by the symptoms and expressions he took the sphere, the inner reality of the disease itself and named the medicines, and they have stood by us and will always stand by us in cholera. He named several of them, and he saw the sphere of these remedies and could see by the outer reflected image that Camphor, Cuprum and Veratrum were the medicines that belonged to that sphere; hence it is that the medicine we are going over has a peculiar diathesis of its own. It corresponds especially to the sphere of the diseases to which we find Carbo veg. belongs and to which whooping cough belongs, and the prevision for the careful study of this medicine gives you and will enable you to

place Carbo veg. beside the word whooping cough; not because it will always cure a case of whooping cough, but because it occupies a similar plane, a similar sphere, and produces a similar condition of the nervous system. You find children who suffer from whooping cough having a similar plane of diseased action. Carbo veg. especially affects the venous system. This means a great deal and places it in a peculiar relation to the homeopathic physicians who use it. We notice that nature in attempting to cure the disease, cures from within out, very commonly. The veins being more superficial than the arteries, and the blood almost the source of life, we see the natural tendency in throwing off diseases that the veins become diseased more than the arteries. Now in some medicines the throwing off of the symptoms as they are thrown off from diseased conditions, reflected in some from the mucous membrane or skin and in others we see them thrown upon the veins.

Hamamelis, Pulsatilla and Carbo veg. are medicines of that class that particularly affect the veins. Carbo veg. as well affects the skin but through the veins. Now, what does that mean, and where does it place Carbo veg.? The acute miasms run their course and end, and either from bad treatment or lack of treatment psoric manifestations come on, and having been in a measure wholly or partially eliminated, nature makes an effort to throw them off but the enfeebled vitality permits the throwing of them off only so far as the veins, and then we have venous congestions, stagnations, disorders, varicose veins and friability of the veins, and hence it is that Carbo veg. occupies the sphere that it does, it is because its action is expended so largely upon the veins in that sphere where psoric disturbances remain, long after acute miasms have departed. Practically we see how consistent this is. Carbo veg. is the most typical of the medicines in this sphere. As soon as the mother says: "My child has been sick ever since she had the measles," or "My daughter never has been well since she had the whooping cough," or "I have never been quite well since

I had the chills," then we know what the trouble is; and so we go on, complaints and conditions of diseases the outcroppings of psora that date back to the acute miasms.

Carbo veg. would be placed at the head of the list as a medicine found useful in this class of cases. But this is only generalizing, yet for off hand prescribing, generalizing is very important. If you can generalize to the sphere of the drugs that belong to the sphere of the disease in hand, you will generalize two, three or four remedies, one of which ought to belong to this case, and this enables you to do rapid work. Now, if by individualizing, none of those belong to this sphere, then of course you will have in that particular a case where the three do not help you, but you will find that you are able to generalize rapidly in accordance with the sphere of the drugs, seeing the miasms like the drug, and the general sphere of the medicine as you would on the tips of your fingers.

An old river man once told me that he could see in the palm of his hand all the islands and shoals from New Orleans to St. Louis. What do you suppose he meant. He had a meaning. He could close his eyes and he knew where they all were, and he knew about the distance from one to the other; he had a grand idea of the river. That is all; he knew the river. If you put him on a strange river he would have to learn all the turns and shoals, but if he was a sound navigator he would have with him at all times that knowledge of navigation that would enable him, on general principles, to navigate the river successfully. He feels his way. Now the homeopathic physician is compelled to feel his way by the aid of his general knowledge of medicine.

When coming to the bed side of a new case you thoroughly take in or receive an expression of the external and the internal of that disease—the outer reflected image of the inner disease, of the inner wrong. You next have to see what drugs in general might correspond to this particular wrong, one of which is to be selected because of its greatest similarity. If but two drugs come into view the process of analysis goes on until the more similar of the

two is selected, because of the exactitude of the symptoms in the disease to be cured to the drug to cure it.

Carbo veg. starts out with a general mental sluggishness that belongs to most cases of venous stagnation. Sluggishness of the mind, slow thinking, irritable, slow train of thought; he wakes up in the morning greatly aggravated in his mental state; and most of the Carbo veg. symptoms have more or less aggravation in the morning; the longer he sleeps the more tired he becomes and he wakes up with great fatigue. The face is flushed, purplish and cyanotic, and the veins of the eyes are injected. We find disorders of the liver, because we know what a venous organ the liver is. It is because of the venous or portal stasis that we have hemorrhoids. Sluggish circulation of the blood back to the heart gives us enlarged veins of the lower extremities, and particularly do we get Carbo veg. conditions in persons who sit very much. The veins become sluggish and the individual is made better by elevating the feet and always wants to put his feet upon the desk. You will find this condition in student life and among others of sedentary habits.

Now in what complaints do we find such conditions useful, and why and how is this correspondence of the spheres brought about?

Well, if we were going outside of Carbo veg. to produce such a state of affairs, we would put the patient upon a diet of highly spiced and highly seasoned food and give him plenty of wine and no exercise, and then let him over eat and these would produce a similar state of affairs. Nature in undertaking to throw off the surplus force from the spices, pungent drugs and over eating, gorges the veins, and we find over eating produces dilatation of the veins, and we have venous stasis all over the body. Then it is that Carbo veg. is said to be indicated. The good liver, persons who live on rich food and eat a great deal of butter, belong to this class, hence it is that Carbo veg. is given for the disorders from over eating, high living, butter eating. There is a disordered stomach from over eating, with great flatulence; the belly distends with gas with

much pain and uneasiness in the abdomen; the portal system is distended because it is a venous system, and there is a large amount of belching and passing of flatulence both up and down, which momentarily gives relief. By this it is distinguished from Cinchona. Then why is Carbo veg. not entitled to the key note, "complaints of high livers," and those who gorge themselves at the club with late suppers.

The stupor and collapse runs through the mental symptoms and there is a large amount of dizziness; he gets up in the morning dizzy, he gets up very sleepy and dizzy at any time; he has to shake himself, and rouses himself with an effort to think clearly; he is stupid and sluggish, and after moving about yawning, exercising, and shaking himself, he seems fitted for a day's work; every morning he feels badly; his stomach is foul, known by the bad taste in his mouth, belching, sour, and rancid eructations. The stomach disorders in which Carbo veg. is commonly indicated, come on from eating decomposed and tainted meats.

Carbo veg. produces stasis in the veins of the brain, particularly of the basilar portion, where we have the headache very commonly located with violent throbbing pain.

In the disorders of breathing where Carbo veg. is indicated, it is often associated with pain in the base of the brain; asthma and whooping cough are also associated with pain in the base of the brain. Now it is pretty well established that whooping cough is not a disease of the respiratory organs; its location is in the base of the brain and it is primarily a nervous disease, and the expectoration and disorders of respiration come on secondarily. Carbo veg. goes to the seat of this trouble *when the symptoms agree.*

Violent tearing in the forehead at a small spot near the temple, about the eyes, or through the forehead, associated with this sluggish condition of the mind; he cannot think, loss of memory, confusion, intoxication, staggering, dizziness, pain in the forehead, all go together with his flatulent stomach.

We have vesicular, scaly eruptions upon the scalp, that become watery; viscid, watery formations beneath the crust growing out of it; hence it has been useful in tinea capitis or scald head. The scalp is very sensitive. This was a characteristic symptom of many of the provers. Great sensitiveness of the scalp; soreness of the scalp as if bruised; soreness of the periosteum; the hair falls out.

Burning is a characteristic of Carbo veg. Burning in the eyes, lachrymation; burning associated with bloody and watery discharges. This would make you think more closely of Arsenic, but a heated room very much disturbs Carbo veg. in most of its symptoms. The patient wants to be in a cool room, he is oftener chilly, but the warm room does not comfort him; he wants to sleep in a cool room; he likes the open air; the head ache is made worse in a warm room.

Now this feature of burning,—in the eyes, nose, throat, stomach, lungs, rectum, skin, in ulcers, in eruptions, after scratching—places it in comparison with Arsenic, Secale, and Tarantula as a remedy for burning sensations; burning everywhere.

The ulcers have bloody discharges. The tissues have the real characteristics of what are known as scorbutic conditions, a term belonging to the old pathology, and it is hard work to get rid of it. A condition of the gums, they recede from the teeth, bleed easily, and there is a watery discharge from the mucous membrane; the teeth become loose and drop out of their sockets. We have another scorbutic condition in the weak ulcers with copious bleeding—I was going to use the word fraudulent granulations—a pretty good word. They are coarse and stand out in bold relief—the granulations are red, easily inflamed, very tender, bleed easily—bleeding, varicose, weak ulcers, no matter where located, but particularly upon the lower limbs. Carbo veg. is one of the leading medicines. If you have a varicose ulcer with burning, stinging, ragged edges, reddish, bloody, watery discharges, black in spots like Arsenicum, the edges reach out over the ulcer or are undermined, think of Carbo veg. Every little while a new vein

will ulcerate off, and it will bleed easily and profusely. Bleeding is common with Carbo veg. Oozing everywhere; bloody discharges from the eyes, the ears, the ulcers; bloody saliva; vomiting of blood; oozing of blood in the stomach, protracted, not generally so copious; protracted oozing, bloody and watery discharges from the uterus; bloody urine; bloody stools; all in keeping with the venous condition of Carbo veg.

Another grand feature of Carbo veg. is the putrid condition that attends its discharges; foul, putrid breath; putrid discharges and large crusts from the nose; copious expectoration, tasting horribly foul, and terribly offensive, it is putrid. Putrid discharges from the ears; offensive stool composed of mucus and blood, thin mucus; very offensive menstrual flow. These things stand out in bold relief and give you a general idea of the characteristics of the remedy; discharges that are not offensive would be the exception in Carbo veg.

In old discharges from the nose, old catarrhal conditions of offensiveness, crusty formations, greenish-yellow; bloody discharges from the nose; persons subject to epistaxis—the Carbo veg. subject is always taking cold in the nose, always or frequently, has a coryza. The Carbo veg. subject is always sneezing whether he has a coryza or not; copious, watery discharges from the nose and it may involve the eyes with lachrymation. The cold commences in the nose as a coryza, and finally extends down the larynx; the tendency is downward.

The Carbo veg. face in addition to being purplish and bloated is sometimes waxy and pallid, and it is very commonly a sickly countenance. It becomes very pallid in certain conditions, those of collapse; cold, death-like, pallid, hippocratic; the nose becomes as cold as ice, and the tongue when projected feels icy cold. Veratrum also leads to this condition of coldness and collapse.

Morbid longings run through this medicine. While Carbo veg. longs for salt things, he is often made worse, for salt things, salt ham, salt bacon, disorder the stomach as quickly as anything, and yet he craves salted things; he

craves things that make him sick. This is not new among cravings. The old toper craves whiskey, that which does him most harm. Chronic cravings are not to be indulged but to be antidoted. For the bad effects from the abuse of salt, and salt meats, is a well established characteristic symptom.

There is nausea, vomiting, and a great many stomach disorders, attended with flatulence and distension of the abdomen, with eruptions or passing of flatus; uneasiness, meteorism. The flatulence belongs to the general features of the drug. The offensiveness is horrible with acrid, corrosive moisture from the rectum; gnawing in the rectum when at stool.

Carbo veg. has wetting the bed, and when you have that one symptom only to prescribe on you will be annoyed, because so many remedies have the symptom, "wetting the bed at night," that you must look somewhere else for the guide. Wetting the bed in the first sleep, Sepia; but many children wet the bed in the first sleep and are not cured by Sepia, and Sepia is not indicated at all. We see plenty of gentle little girls that require Pulsatilla for wetting the bed. You can find many remedies for involuntary urination during the night. It is a common feature, that the child dreams that it is urinating. Boys who get to be thirteen, fourteen and fifteen years old do this, and it is a wonderfully annoying symptom. Well, if you simply hunt up the symptom "wetting of the bed," you will find many remedies. But you will not succeed in practice if you do not know the symptoms well enough to generalize about them. Now, if you will enquire into the Carbo veg. case you will find that he is worse in the morning, after his first sleep, that he is flatulent, and that his mother has permitted him to eat anything he wants. Study into his diet, and you will see that the child has been permitted to eat anything, enough to make a Carbo veg. condition. Carbo veg. will cure that child. And the other symptom which is the only one you have been consulted for, and really the one of the least importance in finding a remedy to cure, will pass away probably last, but will pass away after the

child is cured, and after the child is pretty well restored to health. Fat, lazy boys, too lazy to get up, wet the bed.

Of the sexual organs of both male and female the symptoms simply lead to that of general weakness, hardly anything specific; burning in the vagina; varicose veins upon the vulva, aphthae and itching of the vulva; these symptoms are in keeping with those that I have described. A leucorrhæal condition in the morning on arising, and not through the day.

The next most important feature, and it is one most commonly running into psora, is its connection with the air passages; the coughing and the breathing for which Carbo veg. is especially suitable. A condition that might be named is humid asthma. You come to the bed side of a patient; there is the asthmatic breathing, the patient sitting up in bed, greatly aggravated by lying down. The nose is pinched; the face is covered with a cold sweat, hippocratic; on either side of the bed will be a person fanning—with the windows opened; rattling, asthmatic breathing, and you would not hardly need to ask a question. That patient must have Carbo veg.

There is also a bronchial condition. You may put your ear to the chest and sometimes you will hear across the room this mucous râle showing that the bronchial tube is filled up with mucus. This individual recovers from this asthmatic attack, as she calls it, and becomes very comfortable; the next cold that comes on, begins with sneezing, but it does not stay long in the nose; there are watery discharges from the nose for a few days when she is down with this humid asthma. Sometimes these cases are most violently sick; they frighten the neighbors and the friends think they are going to die; it is a very frightful and distressing case, but Carbo veg. will tide that patient through; it is then the acute acting medicine to that condition. If you can wait the time through for Carbo veg. and give it at the close of the attack; if it is possible to wait do so, and give a dose of Carbo veg. very high at the close of the attack, and you will be very likely to so build up that constitution that the next attack will be much lighter and at

the close of that attack another dose of Carbo veg. very high. If you prescribe during the attack, give a different potency from what you expect to give at the close of the attack, because it will exhaust itself during the acute disease action. The medicine exhausts itself very actively when given with the acute symptoms. After the attack has passed off if you do not follow it then with the proper remedy which may be the same one, Carbo veg., quite likely the next attack will not be very much lighter.

A special feature of Carbo veg. that you may find in asthma, lung troubles, bronchitis and whooping cough is the incessant gagging cough in the morning, compelling him to vomit everything in his stomach immediately after breakfast. There is one thing that a physician has to do and it is not always agreeable—somebody will send from the country or from the suburb and you will not be requested to make a visit, but the note will say: "Johnnie has the whooping cough"—you know we have no remedies for whooping cough; but when you are not permitted to see the case, Carbo veg. is one of those medicines that correspond so clearly to the real nature of whooping cough, that if given I have never known it to spoil a case. It cures a great many, even in that off hand prescription way; it modifies and simplifies the case and seems to sustain a relation to the whooping cough that Sulphur does to many psoric symptoms; clears up the case.

When you don't know what else to give in the whooping cough, and the likelihood is that you won't, I usually say in my notes: "Take these powders marked 1, 2, 3 and 4 with you." No. 1, will be a dose of Carbo veg., and the other three will be Sac lac. "If the child is not decidedly improved at the end of those four powders, please permit me to see the case," at which time you will always ordinarily find the case in an excellent condition, one in which a short acting medicine like Drosera may cure promptly. Drosera is complementary to Carbo veg., and it will eradicate the whooping cough in a few days or a week, instead of having it run its course in the old way, provided that it is appropriate. The mothers used to think there was no

use doing anything for whooping cough, and the old doctors would give squills "to loosen up the cough." The "loosening up of the cough" was a great idea, when the real seat of the trouble is in the brain. If they could loosen up the brain it would be better. The loosening up of the mucus in the chest is not related to the whooping cough, it is not even palliation. If anything, Ipecac. will disturb whooping cough, make the child cough worse, make the case run longer when it is not indicated; but that is the good old way. They give hive syrup, and syrup of tolu to their children—oh, how they did stuff it down—I remember how I used to administer it. I will only remark that in this manner is the physician expected to generalize; the more minute symptoms must be searched for in your books while this work is simply what every physician may remember. It is the exterior close comparison must be made by the aid of the repertory and works on the *Materia Medica*, which is a finer individualization.

PICRIC ACID: A STUDY.

FREDERICK HOOKER, PLAINVILLE, N. Y.

Picric acid is a drug about which comparatively little is known by most practitioners of our school, and yet its symptomatology is rich in suggestions of its great usefulness; and it seems to me to merit more study than it has hitherto received. My attention was drawn to it chiefly by the magnificent work which it did in a case that had completely baffled all my endeavors, although I prescribed it not because it was apparently indicated, but for reasons which will be explained when the case is given later on. I give the symptoms which seem to be characteristic of the drug:

Mind.—Great indifference; *lack of will-power to undertake anything.*

Sensorium.—Vertigo and nausea. Vertigo on stooping (Acon., Bell., Puls., Sulph.); bending the head, or rising from sitting (*Bry.*, Sulph.)

Headache.—Headache < by motion (*Bell.*, *Bry.*) or stooping; study or moving eyes (*Bell.*); > by tying the head up tightly, when pain ceases (*Arg. n.*).

Full, heavy ache on vertex, < on stooping or moving eyes.

Sensation of a band passing along the right parietal eminence (Ant. t., *Carb. ac.*, *Coc.*, *Chel.*, *Gels.*, *Mer.*, *Nit. ac.*, *Sulph.*)

Eyes.—Bright yellow color of sclera, skin and urine.

Dryness, tingling and smarting in the eyes < by lamp-light.

Feeling of sticks in eyes, morning on waking.

Sensation of sand in eyes (*Ars.*, *Caust.*, *Hep.*, *Ign.*, *Mer.*, *Rhus*, *Puls.*, *Sep.*, *Sil.*, *Sulph.*, *Thuja*).

Eye symptoms < by moving eyes; turning them upward; in gas light; from study; from stooping; in a warm room; > from cold washing and cold air (reverse *Mag. phos.*)

Agglutination of lids in the morning, has to pick them open.

Heaviness of the lids on studying, cannot keep them open.

Lachrymation.

Heavy, pressing, smarting pain in eye-ball, < by pressure.

Has to bring objects close to the eye in order to see them; seems to see through a veil (*Bar. c.*, *Caust.*, *Croc.*, *Hyos.*, *Kreos.*, *Nat. m.*, *Pet.*, *Puls.*, *Rhus.*, *Sep.*, *Sulph.*); air looks smoky.

Sparks before eyes; whirling of objects.

Ears.—Ears burn and look puffy.

Sensation as if worms were crawling over the ears.

Nose.—Can breathe only through the mouth, > by going into the open air.

Sensation of pressure on bridge of nose (*Kali b.*).

Mouth.—Saliva white, frothy, stringy; hangs in long strings to floor (*Kali b.*).

Taste.—Sour or bitter taste.

Throat.—Throat feels raw and scraped (*Amm. c.*,

Caust., Carbo v., Nux, Phos., Puls., Sulph.); stiff; as if burnt; collections of thick white mucus on tonsils; great difficulty in swallowing, with sensations as if the throat would split open < after sleep (*Apis., Lach., Sulph.*); > after eating.

Thirst.—Great thirst for large quantities of water, which is drunk without relief.

Stomach.—Nauseated, faint feeling on awaking in the morning, < on rising and moving around.

Sensation of weight at pit of stomach (*Acon., Ars., Bry., Nux, Puls., Sep.*).

Bowels.—Passage of much flatus on moving. Rumbling in bowels.

Sensation of giving way in the hypogastrium.

Stinging and itching at the anus during and after an evacuation.

Stools.—Copious; oily; yellowish; soft, with tenesmus (*Mer. cor.*); shoot away in soft plugs; quick, as if greased; followed by much wind. Sweetish odor of stools, as of boiling sap.

Urine.—Dribbling after micturition.

Male Sexual Organs.—*Terrible erections with restless sleep.*

Long continued and *violent erections all night*; erections violent, strong and long lasting; thought they would surely rupture the penis; followed by profuse seminal emissions. Could not sleep on account of erections; had to get up and apply cold water which relieved. Great sexual desire.

Female Sexual Organs.—Yellowish brown leucorrhea.

Chest.—Tight feeling as if bound by a band.

Pulse.—Slow, subnormal.

Back and Limbs.—Burning along the spine < from trying to study, > from motion.

Very hot feeling in the lower dorsal and upper lumbar regions.

Great heaviness of the extremities, especially the left; legs feel as if made of lead.

Legs heavy and very weak, also *great weakness in region of hip.*

Feet feel as if frost-bitten (Agar.).

Generalities.—*Gets very tired on the least exertion. Great lassitude; no desire to talk or do anything; great muscular debility.*

All pains > by sitting still < by the least motion (Bry.).

Aggravation and Amelioration.—All symptoms < by studying; after sleep (Lach., Sulph.); from motion (except burning in the back); moving the eyes: > cold water; walking in open air; keeping still; eating.

Skin.—Yellow color of skin.

Sleep.—Cannot keep eyes open while studying; > in open air.

Fancies the arms reach the clouds, when going to sleep.
Sound but unrefreshing sleep.

Fever.—*Extremities cold; coldness of feet. Great chilliness, cannot get warm, followed by cold sweat.*

Chilliness predominates.

According to Prof. A. W. Woodward, Picric ac. is homeopathic to Asiatic cholera where there is suppression of urine, following a profuse flow.

CASE.—Mr. P., aged about sixty years, came to me last spring asking for a "tonic." Prescribed Nux v., Ars. and Sulph. according to the symptoms, but with only temporary relief. There was great debility; lassitude of body and mind; had to drive himself to work, or as he expressed it, "I am keeping up by will-power."

Skin of hands dry and harsh; felt to him like parchment; with blunted sensibility so that he could not rightly appreciate what he touched.

No appetite.

Bowels constipated, although he had formerly suffered with chronic diarrhea.

Has to wait a long time for urine to start.

Impotency; erections weak, insufficient; wilting of penis on attempting coition.

Could not get to sleep at night until between midnight and 2 A. M.

General tremor, perhaps due to excessive use of tobacco. Denies ever having had a skin eruption.

He became very clamorous for relief from the impotency, and having a desire to test Picric acid in this connection, I prescribed for him a few doses of the 30, to be taken at short intervals before retiring, but without result. I then prescribed a few doses of the 3x, with results which were most gratifying to the patient.

Soon, however, the skin began to itch, and in a short time he was covered from head to foot with an eruption, which he now confessed to having had years before, and which he had cured (?) with "cuticura." The itching and burning were worse at night, on getting warm in bed, kept him constantly scratching so that sleep was impossible.

Sulphur was prescribed and afforded prompt relief.

The skin of the hands peeled off in large flakes and a crop of boils started, which seemed to prefer the scrotum and penis to other locations.

Against my orders, he endeavored to scatter them with Iodine, and had two or three carbuncles, whether the result of the Iodine treatment or not, I do not know. He now received a few doses of Phosphorus 200, and was soon restored to perfect health, excepting that the impotency continued.

I recall an obstinate case of hysteria, in the practice of another physician, which was speedily alleviated by a few doses of Picric acid 30, administered to the *husband* for "toothache."

If any drug whose action is from within outward is an antipsoric, then is not Picric acid an antipsoric?

GALL STONE COLIC.—The Editor of the *Medical and Surgical Record* (Omaha), asks for "Experience" in the use of Calcarea in this affection. Well, doctor, you never will get it, and if you get what professes to be "experience" you will find it a broken reed in the hour of trial. The totality of the symptoms is the only guide that never fails to cure.

Surgery.

TIC DOULOUREUX FORTY YEARS: NEUROTOMY.

HARRY W. LUFKIN, M. D., ST. PAUL, MINN.

I was called July 25, 1888, to see Mrs. W., who was suffering extreme agony from neuralgia of the right side of the face. The following history was obtained:

Patient aged 65, anemic, thin, a perfect picture of long suffering, said that at the age of 17 her periods ceased, due to exposure to cold. From this date her periods remained absent two years and neuralgia set in on the right side of her face, affecting the supra orbital region. About this time domestic trouble began, which seemed to render her very nervous. The neuralgia increased gradually in severity, involving in time the region supplied by the inferior dental nerve. From the age of 17 to the time I saw her, a confirmed invalid, she had consulted the best physicians of both schools of medicine, had taken treatment of many kinds, including baths and electricity, without even a mitigation of the trouble.

At last she had been induced to try a change of climate, and had spent the two previous winters in California, with the result of a temporary and partial relief. It was on the evening of her return from California that I first saw her. The pain came in spasms continuously, day and night, at intervals of five to ten minutes, causing the afflicted side of the face to contract into a bunch.

The lower lip was so sensitive that it was impossible to take food without causing a spasm of agony. Between July 25th and August 4th I saw the patient daily, studied the symptoms carefully and found every prescription devoid of effect. By this time the patient was suffering so extremely that I feared for her reason, and suggested neurotomy as a last resort.

The suggestion met with approval, and on August 5th,

assisted by Dr. Ogden, the patient was anaesthetized and the following operation was performed.

Locating the infra orbital foramen as nearly as possible by means of a line drawn from the supra orbital notch to a point between the lower bicuspids, the loose cellular tissue under the eye was drawn down and an incision was made an inch in length, curved to correspond with the wrinkles under the eye. After cutting down to the muscles, a blunt hook was forced to the bone, the infra orbital foramen found and the nerve caught up at its exit from the foramen. Strong traction was then exercised by means of common forceps and about a quarter of an inch of the trunk of the nerve drawn into view and clipped off with scissors at its point of exit. An additional three-quarters of an inch, including some branches, was then dissected back and removed.

The inferior dental nerve was removed from its point of exit from the mental foramen, in the same manner, excepting that the incision was made through the gums, the lip being strongly retracted. In this manner, three branches of the nerve were dissected back about an inch. The operation was followed by complete relief. The wounds healed by first intention, leaving a very slight scar, which was almost hidden by the wrinkles under the eye.

The fear of marring the face is, I think, too often offered as an objection to the operation. Paralysis is impossible as the second branch of the superior maxillary nerve, and the large root of the inferior maxillary from which proceeds the inferior dental nerve and its branches are purely sensory. Disfigurement consequently depends solely upon the scar left by the operation.

Complete anaesthesia follows to the parts supplied by the nerves removed, but this is far less of an annoyance than the pain.

The length of time before connection is established with the resected nerve varies, one to two years being the average. Union is affected between the severed ends through nerve filaments established in the resulting cicatrix, and

should the operation be required again, an effort should be made to break up this tissue.

In September last, thirteen months after the operation, I met my patient on the street. She then informed me that she had had a slight return of the neuralgia, caused by error in diet and relieved by correcting the fault.

Again in December last patient reported a somewhat more severe return of the neuralgia which was more or less constant, but which she thought not sufficiently severe to warrant as yet a second operation.

[When the indicated remedy fails to improve or permanently relieve, study Psorinum, Hahnemann's great antipsoric. The removal of a nerve or an organ is not the best way to correct its functional derangement. It is palliative, not curative. Compare Mag. phos.—ED.]

Clinical Medicine.

A STRANGE CASE.

B. W. SEVERANCE, M. D., MINEVILLE, N. Y.

Mr. S., age 66, carpenter, weight 160 pounds, height 5 ft., 10 in., ordinarily in good health.

December 8th, 1839, he said: "Yesterday I felt well as usual and did my day's work. The only bad feeling I noticed was a sense of fullness in my head. I went to bed about 9 P. M., but was somewhat restless and did not sleep till after midnight. Even then it did not seem as though I slept, though I did not hear the clock strike till 5 A. M., when I noticed my feet and ankles felt wet, and the bed clothes seemed wet.

"I threw off the bed clothes and looked at my feet, when to my horror I found them covered with blood. They bled a good deal for the mattress was wet through to the straw-tick, and the hollows formed by my heels were filled with clotted blood. There is not a scratch, pimple, blister or cut on either leg or foot."

Of course I was surprised. Upon examination of his limbs I found the skin perfectly whole, smooth and white. Just below the knee on the right leg the veins were slightly varicosed. He said the blood only "came through" from the lower third of the legs and upon the feet. He felt as well as usual when I saw him, was at work and continues well.

Can any one give an elucidation of this, to me, strange phenomenon?

THREE CLINICAL CASES.

ROBERT FARLEY, M. D., PHOENIXVILLE, PA.

CASE I.—*After Pains*—Coffea. Mrs. S. A. F., delivered at 8 A. M. On my next visit, towards evening, same day, she complained of having had very annoying pains every few minutes all day; was sleepy but could not sleep for the pains; pains were in hypogastric and right ovarian regions, and when baby nurses were sore, bruised in character. Now this does not look much like a Coffea case if no more were to be said. But the characteristic feature of the case she expressed thus: "Doctor, the pains are not so very severe, but I cannot bear them any longer, I am tired of them, they distress me terribly." Coffea 200, one dose, cured the trouble in fifteen minutes, not to return.

CASE II.—*Cephalalgia*—Silicea. Miss B. W., four years a sufferer from spinal irritation. Pain began in spine and neck, coming up and over to right temple and thence to left temple. Scalding feeling in vertex; burning pain in head; feeling of internal soreness as if sore brain collided with skull; *pain very hard to bear*; < from light, noise, least jar, and odors. Sore aching in nape, < by moving the head, > *from wrapping the head* in pillow and from the contact of any *warm* hand. Silicea 30, in water, tea-spoonful at intervals of thirty minutes. Called again in two hours and she said, "O! but I do feel comfortable, I felt better after the first dose."

CASE III.—Mr. J. T. E., aged 45 years, came to me in

April, 1888, complaining of the following: Feeling of shock in epigastrium, as though he had been struck, when stomach is empty; getting gradually worse after gastric digestion and becoming unbearable before meal time again.

Epigastrium very sensitive to least jar, when walking, etc.

Sensation of heavy weight on epigastrium when lying supine.

Sensation of vibration in epigastrium when moving.

Sensation of compression, up and down, in epigastrium, when hungry.

Pain extends from epigastrium to left renal region, there being an aching feeling.

The pain in epigastrium was further described as being between a "wind cramp pain," and that due to being struck over solar flexus.

Sensation of tension and drawing in spermatic cords and pain in testicles like that produced from hard pressure of testes.

Labored breathing; dyspnoea from exertion.

Better in A. M.

Worse in P. M., until supper.

Feet and hands cold; losing flesh rapidly, nine pounds in four weeks.

Bowels; stool hard and crumbling, unsuccessful urging, lacks power to expel feces.

Sleeps soundly but feels unrefreshed.

Hot choking pain at cardiac end of stomach, with a choking, smothering feeling in larynx.

Sensation from throat to stomach as if an apple core had been swallowed.

Spells of despondency about health, thinks he has some incurable disease; < before dinner and towards evening, before supper; irritability.

Spasmodic yawning in evening.

First prescription of Anacardium did no good.

On a review of the case I gave Magnesia mur., one powder in water. Improvement began at once and all symptoms disappeared after one more dose, given after a lapse of two weeks.—*Trans. I. H. A.*

**CONSEQUENCES OF ALLOPATHIC PREJUDICES
AND ENMITY TOWARD HOMEOPATHY.**

A. PUTSCH, M. D., WINONA, MINN.

Allopathic physicians pretend that in their practice they only use such remedies and means as experience has proved to be curative. If that were the case, then in the treatment of patients sick with influenza, Homeopathy ought to have played an important role. It has been estimated that in New York and the Northwestern States over 10,000 persons have died with influenza, which at the same rate would amount to over 100,000 for Europe and North America. One hundred thousand persons! Should that be possible under good treatment? No, never! The majority of physicians did believe to possess in Antipyrin and Quinine the specific. What is the result? One hundred thousand succumbed. All the pneumonias ended fatally. With these remedies influenza cannot be conquered, and the sooner they are buried out of sight the better.

Shortly before this influenza made its appearance here in the West, I sent to members of my family who live in other places, and gave to other members and to many friends living here, as a preventive, Ferrum phos. 12, of which to take a few pellets twice daily. It has proved itself in every case protective, and has cured every patient treated by it, in from one to three days. Only in some cases which had developed without any catarrhal symptoms, I selected Rhus tox. 200, and these cases recovered in from one to three days. Pneumonia never developed under these remedies, and if existing before they could be given, that inflammation would certainly be cured by them when given in the first stage; later on other remedies might possibly be indicated. Many physicians may object to the dose; but when the gentlemen of the allopathic persuasion wish to avoid such a large fatal list, and give to their friends protection from this disease they *will be under the necessity of accepting these remedies and surrendering in toto.*

As soon as a person is under the influence of Ferrum phos. the influenza bacillus can no more take root, and in infected cases this remedy proves to be the very poison for it. In an influenza case of three weeks duration, with coughing and vomiting of food, in half an hour's time after taking second dose, the cough and all the trouble stopped at once without returning a single time. She was the daughter of a physician and he had exhausted his whole armamentarium, when he asked for aid. All other cases that had lingered for longer or shorter time under other treatment, got well in from one to three days after coming under the influence of Ferrum phos.

This large list of dead persons could have been avoided, or at least been reduced to a very small minimum, had prejudice and hatred towards Homeopathy not prevented allopathic physicians from employing these specific remedies, which could be found out only by experiments on the healthy.

Some physicians believe in Gelsemium to possess the specific. The similarity with Ferrum phos. is indeed very great, but all the symptoms combined showed closer to Ferrum phos. and the main characteristic symptom of influenza, the profound weakness and prostration, is much more peculiar to Ferrum phos. than to Gelsemium, and its protective power stamps it indisputably as the true remedy.

TWO CASES OF CHOLERA: A CLINICAL THESIS.

B. N. BANERJEE, M. D., CALCUTTA, INDIA.

CASE I.—R. M., aged thirty-two, of very fair complexion, and subject to indigestion. He passed a stool at 2 A. M., on the 12th of March, 1887, and felt very weak. Passed another stool at 3 A. M., which made him so weak that he could hardly speak. I was called to see him at 6.30 M. when the following symptoms were noticed: Eyes sunken, voice low, body cold, extremities more so, passed in my presence rice water stool painlessly, vomited soon after; the vomited matter consisted of watery substance like serum,

there were cramps of hands and feet of moderate severity; there was much yawning, thirst and restlessness. All these symptoms markedly pointed to *Podophyllum* as the remedy, which was administered at once in the 200; 15 minutes after the first dose, the patient fell into a deep sleep for half an hour. After this he vomited and passed a very copious stool and the restlessness and yawning began to trouble him as before; sucked ice constantly. Another dose of *Podophyllum* 200 was given. The patient again fell into sleep for 15 minutes and passed a stool of the same character as before but small in quantity. He was not so restless now and the thirst too was not so great. *Sac. lac.* was prescribed, for there was now a decided improvement. Though the patient passed four stools after the *Sac. lac.*, they were gradually getting less in quantity and the patient was more sleepy and felt much better. No more medicine was given. He passed urine next morning and felt almost all right.

CASE II.—S. S., aged 52, robust, enjoying good health, was attacked with cholera without any premonitory diarrhea, malaise, or loss of appetite. Returned from his usual avocation quite cheerful and partook of his dinner as usual. Passed a healthy morning stool as he was accustomed to do every day. Passed a very copious watery stool of yellow color without any discomfort at 7 P. M., November 6th, 1884; ten minutes after this, passed another very watery stool. This prostrated him so much that he could scarcely come back to his bedroom. The voice became very hoarse. He at once took ten drops of *Chlorodyne* and sent for his family physician, who prescribed *Strophanthus* five drops every half hour. The patient gradually became worse. I was called to see him in the night, when I found him as follows:

No pulse at the wrist.

Tympanites.

Body icy cold.

No stool and urine since 1 P. M.

Voice husky.

Could speak in low voice.

Lying almost motionless and perspiring.

Facies Hippocrates.

In fact the patient looked more like a dead man than a living one.

Carbo veg. 200, one dose dry on the tongue; no improvement within half an hour. Repeated the medicine. Twenty minutes after the second dose, the perspiration began to subside and gradually the body became warm, tympanites subsided and the patient almost restored to life within a couple of hours of the first dose of Carbo veg. The improvement was so rapid, considering the fatal nature of the symptoms, that no more medicine was administered in the night. Patient began to sleep from 2 A. M. Next morning he complained of a good deal of thirst and burning sensation of the skin. He gradually became so restless that his wife thought a relapse would take place. Arsenicum 200, one dose, put the patient to sleep for four hours. He passed urine next morning and was doing well. Sago water was now prescribed as diet. On the fourth day he got angry with his servant and soon after there was a visible change in his breathing. The respiration became embarrassed and assumed the character of "sawing respiration." In spite of this labored respiration, the patient was without complaints. Though he never complained of any difficulty of breathing even when asked, yet he gradually began to lose consciousness and died within forty-eight hours. Calcarea ars. 200 was given for this breathing but without any effect whatever. I have never seen any patient rally when fallen into this state. Macnamara and Edward Goodeve of the orthodox school suggest diffusible stimulants, but I had not been able to save any patient in this condition with these stimulants when ten years ago I practiced the orthodox system.

[Perhaps Colocynth, Staphisagria or the remedy corresponding to the cause of relapse (the attack of anger) might have been effective. ED.]

In post mortem examination the heart was seen full of coagulated blood, and the coronary artery was plugged with small clots. Death in such cases is no doubt due to

thrombosis, and death therefore takes place from mechanical impediment.

I formerly used to treat cholera cases by lower potencies, but the percentage of cures has improved a good deal in my hands since I have taken to high potencies. I also used to repeat medicines every fifteen or twenty minutes, as directed in English books, but I now find that such repetitions are useless and retard cures. Medicines should never be repeated as soon as any change for the better is noticed.

A word about diet. In cholera cases, physicians commit a great blunder by allowing food before the stage of reaction. This should never be done.

In feeding cholera patients we incur two kinds of danger:

1. We may further destroy or injure the epithelial lining already much denuded.

2. By irritating or rather stimulating the already irritated lining of the alimentary canal we may bring on a relapse either of all the symptoms or only of nausea and vomiting.

In the stage of reaction, feeding is to be resorted to gradually. We should bear in mind that though food is absolutely required to support cholera patients, it is however, still inadmissible, simply on account of the peculiar pathological condition of the alimentary canal. How is it possible for a deranged and upset organ to perform its legitimate function until it is repaired and given time to regulate its machinery? The feeding of cholera patients must be therefore carried on gradually and carefully.

No food is to be given in the first and second stages, because in the former food is apt to irritate and thus to increase the suffering, and in the second or collapse stage, the stomach remains contracted, irritated and denuded of its epithelial lining, and therefore unable to elaborate gastric juice for the purposes of digestion and assimilation.

Food is to be given in the shape of bland and unirritating sago or arrowroot cooked in water. When we find that the light diet is assimilated and digested, then, and then

only, other light food should be given, bearing in mind that relapse may occur if the stomach is unnecessarily irritated.

TWO CASES OF COLIC.

CASE I.—R. R., aged 43, a spare built man, was suffering from extreme pain in the right hypochondriac region. He was treated with injection of morphia, hot baths, fomentations, purgatives and poultices, without any relief whatever. I was called to see him on the fourth day of the attack (March 22nd, 1885). The patient presented the following symptoms: Indescribable pain and sick feeling in the stomach, a little movement would increase his suffering, was disinclined to speak or move, vomiting gave him temporary relief. The pain was more severe around the umbilicus, and he said "it felt as if the intestines were being cut open by a knife." Vomiting gave such relief that he fell into short naps soon after. There was also cutting pain across the hypogastrium. The pain was traveling from left to right. The nature of the pain, viz., from left to right, nausea and vomiting, < by motion and > by rest; pointed to Ipecac as the remedy. A single dose of the 200th almost magically relieved him in five minutes. He fell into a slumber and awoke four hours after, quite free from pain, nausea and vomiting.

CASE II.—S., a middle aged woman of 45 years, menstruated regularly since the forty-fourth year, suffering from painful and profuse menstruation since the last eight months. No amount of Bromides, Ergotine and Opium could give her any relief. I was called to see her on June 15th, 1887, on the first day of menstruation. It was evidently a case of climacteric period, but the patient once before, about ten years ago, suffered from complaints of this nature and was cured by a herbalist.

Symptoms: Objective. The blood was dark and clotted, and very profuse.

Subjective. The patient complained as if something was moving about in her abdomen, and the pain became so severe as soon as the movement began that the patient

fell into hysterical fits. The pain increased on movement as also the hemorrhage.

Crocus sativus 30 was prescribed every three hours until improvement set in. Three doses gave her permanent relief. She is still free from metrorrhagia.

INTERMITTENT FEVER.

The patient, a young man 32 years of age, had been suffering from malarious fever for the last eight years. He has an attack every second or third month. Large doses of Quinine and other patent medicines have been taken without the least benefit. There was enlargement of spleen and the patient was greatly emaciated.

I treated him for two months without the least benefit. I then again took the history of the case and ascertained the nature of the paroxysms before they were subdued by Quinine, and was then able to cure him by Natrum mur. 200. I need not here detail the symptoms he had before, but suffice it to say the symptoms corresponded with Natrum mur. I present this case simply as an illustration that sometimes chronic cases cannot be cured on account of suppression of original symptoms by injurious drugs. This is not the first instance in which I have been able to cure a chronic case of fever in this way. In this country malarious fevers are so common and the suffering is so great, simply because of suppression of symptoms by Quinine, that in many cases we cannot do anything by our homœopathic medicines. Those who are intelligent enough to remember and describe the first attacks, can sometimes be cured by disregarding the present symptoms and taking into consideration the original symptoms only.—*Trans. I. H. A., 1889.*

[After suppression of the type and symptoms by Quinine, the symptoms of the original attack are nearly always guiding, and should never be neglected. In the examination of a patient suffering from suppressed intermittent, the first duty of the Homeopathist is to ascertain, if possible, the symptoms of the original attack.—ED.]

CLINICAL THESIS: REPORT OF THREE CASES.

J. A. TOMHAGEN. M. D., BURNSIDE, KY.

CASE I.—Eddie D., 18 months old.

October 30, 1881: The mother brought him to me saying, she had done all she could, and now desired me to treat him, if I thought I could do him any good. The child was pale, flabby and very weak; has pale blue eyes, and golden hair; had diarrhea three months, which nothing could stop. According to the mother's ingenuity, "He's a good child, and never cries much." Was eating a biscuit, when his mother entered the office with him. I told her the child was forming a bad habit. She immediately answered, "I must always carry something for him to eat wherever I go, because he wants to eat *all the time*, and he *just loves eggs*, but I don't know whether he ought to have them or not; they make his bowels run off, and he takes a very bad spell once a month, I have noticed it now three times."

Question: What time of the month?

Answer: "When the moon fulls."

I noticed a watery coryza and rattling in the chest.

Every time the mother opened her mouth, I thought more of Calcarea, which I gave in the 85m potency, one dose, dry on the tongue, in the office, and thirteen powders of Sac. lac., a powder to be dissolved in a half glass of water, and a teaspoonful to be given every two hours, and prepared fresh every twenty-four hours. The mother desired to know about letting him have eggs. I told her his craving for them would gradually decrease, and that I would not withhold them from him.

November 14: Much better in every respect. "He does not crave eggs quite so much, and his bowels are better, but he cannot walk yet." I told her, she should not expect the child to be entirely well in two weeks, when it had been sick three months.

Sac. lac., thirteen powders, to be taken in same manner.

December 9: Still improving. Is beginning to walk again, and does not crave eggs any more, though he likes

to eat them. Mother thinks his "bowels" are natural now. I could detect no rattling in chest, and nose had stopped running.

Sac. lac., nine powders.

Told the mother, she need not come back, unless the child got worse, and then to let me know immediately. I have heard from the child repeatedly and he is still "hearty."

CASE II.—May 12, 1888: Was called to see Mrs. E. M., aged 56. Sore eyes; irritable disposition. Inveterate smoker. Great photophobia, worse in the morning. Eyes red; lachrymation when opening eyes in light; marked ectropium. Lids spasmodically closed. Looks down continually. Told her to look up, and she said she was like a criminal, she could not look me in the face, the light hurt her eyes so much. Neuralgic pains about the head and face, which she could not describe, but found they were relieved from heat, and keeping the head wrapped up warmly. Bowels inclined to be "bound up." Says she has been sitting around for twenty years doing nothing but knitting which she could do without seeing. Feels better in the afternoon and evening than any other time of the day.

She came to me as a last resource, having lost faith in all the "doctors at town," and did not "reckon" much could be done for her at this late day. I could see nothing but the "image" of Nux vom. in this case, and she received it in the 2m potency, four powders, one night and morning, and Sac. lac. enough for a mouth, one powder to be taken every night dry on the tongue, on retiring.

June 16: Considerably improved. Could hold her head up now, though light still hurt her eyes. "Doctor, I have had many boils since you were here." She had not had any boils or eruptions on the skin for thirty years. Sac. lac. for another month.

August: Came to the office smiling, and said her medicine had been out about a month, but she desired to see me, therefore, she had not sent for any more. Eyes, of course, still improving, and hence more Sac. lac.

September 12 to November 29: Still improving. Sac. lac.

February 15, 1889: Eyes have not improved since last month. Nux being still indicated, I gave her one dose, dry on the tongue, of the 45m and Sac. lac. for another month.

March 13: Says the last medicine is helping her. She now goes all over the neighborhood unassisted, visiting all friends and relatives whom she had not seen for years.

Any one having only a smattering of *Materia Medica*, could see the remedy in this case, but how many would, or could wait nine months for the remedy to exhaust itself? Nux certainly improved this patient's "sore eyes," as was evinced by the second dose.

CASE III.—Was called to see Mrs. M. C. in her fourth confinement. Labors thus far had been dry. In labor so long with her first and second, that both were born dead. Her third confinement was natural with the exception of the bag of waters, which was wanting.

Strong bearing down from back to hips, and to lower abdomen. Pains every ten minutes. Made a digital examination to ascertain the progress she was making. She trembled and squirmed and held her breath, during the examination. I asked her if the examination was painful, and she said no.

The pains had been coming every ten minutes. I waited ten, fifteen, twenty minutes, but no pains recurred. I desisted from examination, and waited patiently for the contractions to revert. In one hour and fifteen minutes, she had another pain; in thirty minutes another, and so on at shorter intervals, till they returned every ten minutes. Then, during the intervals between the pains, I introduced my finger again, with the same results, great trembling, and no more pains for one hour.

I had never met this peculiar condition before. Thinking it due to hyperesthesia of the parts, I prescribed Platina 3m, without any perceptible change being brought about. I was at my wits' end and decided to wait for developments. The os was fully dilated, with absence of bag of waters, and pains inefficient. I remained all night,

to eat them. Mother thinks his "bowels" are natural now. I could detect no rattling in chest, and nose had stopped running.

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dry on the tongue, of the 4th or
month.

March 13: Says the last man now goes all over the neighborhood, visiting friends and relatives who are ill.

Any one having only a few days could see the remedy in the case. I could wait nine months to see it. Nux certainly improved and was evinced by the second attack where he took up his residence and this theory, which was not in the Riordan's book, was very useful about their time. They were very careful about their time, and they spent their time,

CASE III.—Wat ~~ca~~
confinement. Lawn ~~is~~
long with her first ~~in~~
Her third confinement
the bag of water.

Strong bearing and dangerous symptoms." Patients should study the approach of dry weather, should change took place, and evaporate supply the deficiency of moisture contradiction contradicts nearly all our re-

The par... - - - - - The beneficial influence of dry air in
waited & - - - - - and in checking the diffusion of conta-
I desire... - - - - - seems to have met the approval of the
the use... - - - - - 119

Imposition is a disease, primarily, of mind and consequently of defective assimilation; hence the "change of climate" fallacy. Psychology and therapeutics, can rarely cure. Doctors would treat their patients instead of aches. This would not require a "change of climate."

and next morning, things being "in statu quo," I expressed a desire to return to my office, and promised to be back in four hours. She insisted, however, upon my remaining, because she always had such a hard time. Here she "let the cat out of the bag" by saying, that every time I examined her the pains would stop, because she was *so nervous*. "I have *always been so nervous*." She was sitting in a rocker, when I gave her a dose of Gelsemium 1m dry on the tongue, at 10 A. M. In thirty minutes the pains came on, and continued to increase in frequency and severity, till she was compelled to go to bed, but before she got there she had to let herself down on her knees, and we lifted her into bed. I examined her again, and found that the trembling had markedly diminished, and that the pains continued nevertheless.

Being a "dry labor" progress was slowly made, though the contractions were very strong. The child was born at 1:30 P. M., and was of average weight. Both mother and child did well.

If Gelsemium had been given twenty-four hours before, or when I first arrived, the case would have been brought to a more speedy termination. It has been said that poor and ignorant people can not describe symptoms well enough to furnish indications. It has been my purpose to furnish the language of these cases to show how nature always speaks out the symptoms though the speech is very incongruous and vulgar. These simple people need but few remedies to cure them, and the indications always appear.—*Trans. I. H. A.*, 1889.

THE DRY AIR FALLACY WITH REGARD TO CONSUMPTION.

The Congress of Climatology, held in Paris during the Exposition, including distinguished physicians from many of the most renowned health resorts, was nearly unanimous in ascribing very little virtue to the climate of such resorts. Still more curiously there was a diversity of opinion as to what qualities of climate would be favorable

to invalids, provided they could be secured with certainty.

Dr. Labat has found in the Isle of Bute, on the coast of Scotland, in the latitude of Labrador, "vegetation very similar to the South of France," while "at Nice would be experienced one of the worst climates in the world," and he considered that the real secret of the good effect of a change of air consisted in "the choice of a house where the patient lived," and "the hours and the place where he took exercise." Dr. Chiais, of Mentone, supported this theory, and believed that if delicate persons, staying in the Riviera for their health, would be more careful about their habitations, and the way in which they spent their time, many lives might be saved. He had found that during the winter, particularly in January and February, there were atmospheric perturbations on the Mediterranean coast, which were accompanied by a great increase of dryness in the air; and these perturbations were "always followed by an increase of illness and dangerous symptoms." For this reason he thought patients should study the hygrometer, and, on the approach of dry weather, should keep within doors until a change took place, and evaporate water in their rooms to supply the deficiency of moisture in the air. This observation contradicts nearly all our received notions as to the beneficial influence of dry air in consumptive cases, and in checking the diffusion of contagion and malaria seems to have met the approval of the Congress.—*Sanitarian.*

[Tubercular consumption is a disease, primarily, of impaired digestion and consequently of defective assimilation and nutrition, hence the "change of climate" fallacy of allopathic pathology and therapeutics, can rarely cure. If Homeopaths would treat their patients instead of a theory, their success would not require a "change of climate.".—ED.]

EUONYMUS EUROPEUS.**F. H. LUTZE, M. D., CHESHIRE, N. Y.**

On account of its disagreeable taste, it is generally used in the form of its alkaloid, Euonymin. Dr. E. M. Hale, in his "Therapeutics of the New Remedies," gives the following indications: Headache, nausea, vomiting, carmina, bilious discharges from the bowels, albumen in the urine.

The following two clinical cases may serve to further illustrate its action:

CASE I.—My first experience with this remedy was in the case of Miss F., aged 18, of Portuguese parentage, black hair, sallow complexion, tall but thin, weighing only about 110 pounds. She had been under old school treatment for some time, without being benefited in any way, when she applied to me. She complained of impaired appetite, a general feeling of malaise, and swelling of the legs, which proved to be dropsy, but could give no other symptoms. Examination of the urine showed it to be highly albuminous.

Having read the above indications in Dr. Hale's "Therapeutics of the New Remedies," I decided on account of the absence of any guiding symptoms, to try this new remedy, giving it in the form of Euonymin 1x (B. & T.), two grains, in a half glass of water (on account of its disagreeable taste and smell), a spoonful to be taken every hour. When she called again the dropsy had increased and even extended above the knees, including the lower third of the thighs; but she said she felt some better in general, and characteristic symptoms being still conspicuous by their absence, Euonymin was continued as before. Henceforward the dropsy decreased rapidly, the albumen disappeared from the urine and her general health and appearance improved correspondingly. After about three weeks' treatment with this remedy, the urine was free of albumen and the limbs from dropsy, except a little still remaining in the feet, but now she complained of a swelling of the abdomen and an examination being proposed, she readily consented. This revealed the fact that she

was perhaps in the eighth month of pregnancy. She indignantly denied this and refused to take any more medicine from me.

However, about a month later I was called to attend her in labor, when she was delivered of a healthy child at full term, thus confirming my late diagnosis and establishing the fact, that Euonymin may be useful in albuminuria of pregnancy, when symptoms for the simillimum are absent.

Though she was tall and slender, no external signs of pregnancy were visible, and I did not suspect her condition until I felt the well developed parts through the thin parieties of the abdomen.

CASE II.—Mr. F. L. H., aged 17, tall, weight about 160 pounds, by occupation a farmer, consulted me with regard to an eczema, for which I gave several remedies without avail, till finally he gave me the symptoms: Awakened at 1 A. M. with intolerable burning and itching over the whole body, not relieved by scratching, when *Arsenicum* 200 quickly cured him.

A few months later, having exposed himself while fishing at night standing in water up to the knees during the middle of April, 1886, he returned for treatment, complaining of general malaise and continued sleepiness, but I could elicit no symptoms. Different remedies were tried without producing any beneficial effects, on the contrary, steadily growing worse, till finally he said his feet were swollen, which on inspection proved to be dropsy.

Here too, no symptoms of a characteristic nature could be elicited until after almost a week, when the following appeared:

Indifferent, drowsy, sleeping most of the time day and night, sometimes with heavy breathing. A general ana-sarca, affecting prominently the face and upper and lower extremities. Pulse slow, 50 to 60; full, though not of great volume. Occasional dull frontal or occipital headache, face of a sallow hue, sclerotica yellow, in fact a general icteric condition, temperature 102° to 103°. Urine scanty, specific gravity 1.017 (falling later to 1.009), contained a large quantity of albumen, epithelial casts and

granular debris, but was devoid of bile and chlorides; the stool was of a grayish color. He said he felt pretty good, had no pain and seemed to have no subjective symptoms. This then seemed to be a well developed case of acute Bright's disease. I prescribed Euonymin 1x (B. & T.) again, two grains in a one-half glass of water, a spoonful every hour, and in three days there was a visible improvement. This treatment was continued for about a month, when he had very nearly recovered; the anasarca having disappeared, and the urine being free from albumen. Then with a few doses of such remedies as Pulsatilla, Calcarea and Sulphur, given at long intervals on well known symptoms, he was completely restored, and is to-day an active farmer in average good health, weighing 180 to 190 pounds.

December 21, 1889.

VACCINE ULCER: LAC CANINUM.

E. A. BALLARD, M. D., CHICAGO.

On September 1st, 1889, Ethel, aged seven years, was inoculated with animal poison called cow pox virus. The result sought for, a sore arm, was obtained. A deep sloughing ulcer continued for more than four months. I gave various remedies without specific indication. At last I found a guiding symptom. The ulcer was about the size of a nickel and about one quarter of an inch deep. The walls were bright red and shiny. At its bottom was an elevation leaving a well marked depression between it and the walls of the ulcer. This elevation glistened and had the appearance of being filled with very clear fluid. One dose of Lac can. mm was given. On the second day there was an increase of inflammation about the ulcer and a crop of large pimple-like elevations were present. This disappeared in two or three days and the ulcer rapidly healed, leaving a scar without a sign of vaccinia, but like thousands of other cases will be pronounced "typical" in the yearly certificate which the senseless law compels the pupils of our schools to present. When will this curse be abolished? Pure cow pox virus indeed. As if the product of any sore can be pure.

Societies.

THE INSTITUTE SESSION OF 1890.

Editor Advance: As already announced by circular to the members of the American Institute of Homeopathy, the next annual session of this body will be held at "Fountain Spring House," Waukesha, Wisconsin, commencing at 7:30 P. M., on Monday, June 16th, and closing on Friday, June 20th, 1890.

Waukesha—"The Saratoga of the West"—famous for its "Bethesda," "Siberian," "Fountain," "Clysmic" and other mineral springs, is a town of 6000 inhabitants, situated about 100 miles north of Chicago and 20 miles west of Milwaukee, on the Chicago and North Western Railroad. The hotel in which the session will be held is an immense stone and brick structure capable of accommodating 800 guests, and furnished with all modern conveniences. It is situated in a beautiful park of 155 acres, laid out with drives, shaded walks, flower gardens, etc., while the town itself presents numerous attractions to visitors in search of either health or pleasure.

The Local Committee of Arrangements is making provision for the comfort and enjoyment of those who may attend the session, such as to render the occasion one of the most memorable in the Institute's history.

Under the new rule the Bureaus will present a far greater variety of subjects for discussion than heretofore, and the papers will embrace more of the observation and experience of their writers. Important subjects of professional interest will be introduced and acted upon, and interesting reports will be presented by several committees.

Any paper, after having been presented at the session, may be published in the journals at the discretion of its writer. With a view to such outside publication writers are especially requested to prepare their papers *in duplicate*.

Officers of homeopathic societies and institutions are

urged to make prompt reports (on blanks which will shortly be sent to them) to the Bureau of Organization, Registration and Statistics. All hospitals and dispensaries, so reporting, will receive a pamphlet copy of the entire Statistical Report of the Institute.

It is desirable that the Institute should receive this year, another large accession to its membership, particularly from the West and Northwest, in order to secure a more equal apportionment of membership between the East and the West, and to augment the influence of our school in shaping legislation and defending the equal rights of homeopathists in public institutions, appointments, etc. It has been suggested that each state and local society should provide for a complete canvass of its membership in order to secure for itself a larger representation in the membership of the National Society. The initiation fee is \$2.00. Annual dues, \$5.00, entitling the member to the annual volume of Transactions. Blank applications for membership can be obtained of the undersigned.

The annual circular—giving full details of the session—the programme, railroad fares, hotel rates, etc., will be issued in May. Any physician failing to receive a copy by May 25th can obtain it on application to

PEMBERTON DUDLEY,
General Secretary.

S. W. COR. 16TH AND MASTER STS., PHILADELPHIA.

THE VERIFICATION OF DEATH.*

WM. B. CLARK, M. D., INDIANAPOLIS, IND.

Rigor mortis, or cadaverous rigidity (which is due to the thickish fluid called myosine, the principal contractile substance of the striped muscular fibers), is usually considered

PROOF OF DEATH,

especially if a stringy coagula be present in the veins. But your opinion may be called for before rigor mortis is

* Indiana Institute of Homeopathy, May 15, 1889.

present, or after its supposed or inferred disappearance, or a rigidity may be present from other causes, for instance, catalepsy, and a cursory examination might fail to show the difference. Then, too, it may never occur, as in those occasional cases where warmth, color and contour remain for days after the spirit has, as far as we know, fled, as occurred this month in Chicago in the case of Miss Wilhelmina Stahl, 20 years old, pronounced dead by the physicians of rheumatism of the heart, and who lay nine days without signs of decomposition, and without the injection of embalming fluids. Rigor mortis may occur immediately after death, but usually comes in a few hours, and is more delayed the more muscular the subject and the more sudden the death after apparent health.

"Da Costa's Diagnosis," says that "catalepsy may be mistaken for death," and this mistake occurred this month in St. Louis, in relation to a married woman, 25 years old, but a slight sign of life was accidentally discovered just before the coffin was to be closed, and the full consequences of the mistake did not follow. This woman knew all that was going on about her, but could give no voluntary or involuntary sign of life. (See St. Louis dispatches published May 4). Another case of narrow escape was reported April 19 from Danville, Ill.; this time of the son of Frank Myers, an infant nine or ten months old. Both of the recoveries occurred entirely independently of the astuteness or attention of the physicians in charge, and, in fact, after they had declared life to be extinct. And I can refer you to a case of recovery in Steubenville, Ohio, where no less than six physicians had declared life to be extinct, and animation returned fourteen days after

THE SUPPOSED DEATH.

A well-known lady of this city (Mrs. Hibben) similarly recovered, and her death had been referred to in the principal Episcopal pulpit here (Rev. Dr. Bradley's). A little investigation of this subject independent of these so recent cases, will show that we cannot be too careful, as will a quotation from our highest authority, "Dunglison's Medi-

cal Dictionary," under the head of "Death:" "The only sign of real death is the commencement of putrefaction." This may seem like overstating the case, but it will do to bear in mind.

Regarding putrefaction, I may simply remind you that it will, under ordinary conditions, make its appearance late on the third day after death, and more quickly in a warm, moist atmosphere, the body being unclothed. Its first external sign is manifested at the abdomen by a greenish tinge, and internally the first manifestation is along the mucous lining of the larynx and trachea. The uterus last resists the process, and it may be interesting to be reminded that it has been found fit for judicial examination nine months after burial.

If it be true that "the only sign of real death is the commencement of putrefaction," as Dunglison says, and the first sign of putrefaction does not come until the third day after death, are we justified in allowing, without protest, the burial of a person one day who died, or was supposed to have died, on the preceding day, as is occasionally done?

The appearance of the fundus oculi as seen by the ophthalmoscope should be taken advantage of, as at death there is anæmia of the arteries, a pallor of the optic papilla and pneumatosis of the veins, they becoming separated, as if cut with a knife, from point to point.

The cooling of the body after death should be critically considered. It comes gradually through the radiation of internal heat, and from this cause the external surface may become warmer than before death, and after death the internal temperature may be higher than before death, due to the generation of gases. The coolness produced by the rapid evaporation of moisture should not be mistaken for cadaveric coldness.

In collating the leading tests for somatic death (or life if you please) I include the electric test for

MUSCULAR CONTRACTION.

But regarding this test I wish to raise a warning voice against its injudicious employment. The vital spark may

still remain, feeble though it be, to be coaxed into a flame, but a strong current of electricity may forever extinguish it, and I am satisfied has repeatedly done so. I also wish to protest against the too-early ministrations of the coroner or funeral director in such cases, especially the partial embalming by injection of preserving fluids and packing on ice, as is often done in a few hours, oftener to non-residents of the locality of the demise, usually by telegraphic instruction. A notable instance of this happened in this city since our last meeting, and the deceased was a physician (Oculist Culbertson). A notable illustrative case of too previous autopsy, is just now attracting the local attention of New York city—that of the great mind-reader, Bishop, who, a day or two ago, died, or went into a cataleptic condition just after performing a wonderful feat as a test of his truly remarkable powers.

Regarding suspended animation in general, the novel claim is made by Dr. Dods that all animals that lie dormant for a long time have the foramen ovale patent, so it would be interesting to look into a dead cataleptic's heart to see if it is so with man. It is to be regretted that this point was not observed in the lamentable case of Bishop, the mind reader.

As autopsia cadaverica means examination after death, what would a so-called autopsy before death be—murder? Of course, at this distance and early date it would be foolish for me to hazard an opinion on the Bishop case. But I fear that this whole matter has not received the attention it deserves, yet hope that none of us has ever been caught napping here. That you may never be so caught napping I append the following tests other than those previously referred to, which, so far as anything now known, will show whether life be extinct or present:

1. Put a tight band around a wrist or just above the elbow and watch for turgescence of veins at back of band or along the forearm, as first recommended by Magnus. (It may be enough to tie a string or rubber band around one finger). If the wrist is used the front arteries should

be protected from too much pressure by a cardboard placed under the band.

2. Open a vein at the bend of the elbow and seek for stringy coagula. If found and rigor mortis is present, this is usually considered an absolute sign of death.

3. Apply the electric test for muscular contraction, as first proposed by Rosenthal, remembering that the electrical contraction may continue two and even three hours after real death, rigor mortis not having set in. Rosenthal once demonstrated contractility thirty hours after supposed death, and consciousness returned forty-eight hours after.

4. Make a hypodermic injection of ammonia. If it makes a red blotch life is present.

5. Stick a pin through the skin quickly and withdraw it. If the hole closes there is life, otherwise the hole remains open.

6. Place the fingers between you and an artificial light, and close to it, and, if any rosy tint can be observed, there is life.

7. Do not fail to look for circulatory stasis at the dependent points of a body that has lain a long time. If found, it is quite a reliable proof of death.

8. Very fine feathers may be used at the nose and mouth to detect the slightest air current from respiration, or a cool mirror for moisture, and the shining surface of a tumbler full of water on the chest (every thing being firm and quiet), will record any chest movements. But these little procedures are useless in some cases, as there is no detectable respiration or circulation, though there is life.

9. Dr. Bowen, of Ft. Wayne, says no one ever dies with tears in the eyes. If tears are found, as in cataleptic patients,

THERE IS LIFE.

10. If doubt remains, let the body be kept in a damp room at 85° temperature, and this will most expeditiously bring signs of decomposition or restoration.

11. Place the end of a finger in a candle flame until a blister forms; open blister, and if it contains only air,

death is absolute, but if it contains liquid the patient is not dead.

The cessation of the heart's action may well be considered a sign of death, and yet it will not do to be too positive even here, because you may not be able to detect slight movements. I have held in my hand a dog's heart twenty minutes after its removal from the body, and it was feebly but regularly pulsating even then by its own inherent nerve supply and muscular sense. Who shall say that heart could not be made to beat stronger under favorable conditions, or that the human heart is less susceptible to similar stimulation? The committee appointed by the Medico-Chirurgical Society reported that where respiration was totally obstructed the heart had continued to beat between nine and ten minutes. (See Transactions 1862, vol. 45). A heart stopped by over distention may start up if free bleeding be resorted to, so where you get a case of supposed death from hanging or being caught under a cave-in of a bank of earth or a wall, don't neglect to at least think of venesection and cardiac stimulation. The power of ammonia by intravenous injection to stimulate the circulation and render the blood more fluid should not be forgotten.

We have several substances that will kill within five minutes, notably Curare and Hydrocyanic acid, by paralyzing respiration, the heart stopping last, and yet even in such extreme cases as these, artificial respiration will keep the heart going till the poison is eliminated by the lungs, etc. I have often proved this on dogs, by taking two dogs of equal size and in the usual manner administer an equal quantity of the South American Indian arrow poison to each. When they dropped, as they would within five minutes, one would be kept alive by artificial respiration, provided my assistants did not get tired before safety was assured. Looking at the matter in all its bearings, I am the more convinced that proper restorative expedients are not often enough resorted to.

It often happens that word comes to a physician that his patient is dead, and he does not go again to the house. It

may not always be wise to take other people's say-so in such a matter, and it may be necessary for you to verify the truth of the report, for your own protection, if for no other reason.

Before closing, and in this connection, I feel impelled to urge upon you the importance of doing something when called to a case of sudden death. Don't say: "All is over!" but go to work, and work quick. I have in my mind three such cases that occurred in this city within two years, where three rather prominent business men were stricken, each dying in a very few minutes, and each in the presence of one or more physicians, who happened to be near, and yet no attempt at artificial respiration or the sudden stimulation of the heart by hypodermic injection was made. I could instance many other cases, but these three were of prominent men. In two of these cases nothing was done, and in the other whisky and ammonia were put in the mouth, but were not swallowed. Regarding the death of Allen Thorndike Rice, the gifted editor of the *North American Review*, our newly appointed minister to Russia, who suffocated during an attack of tonsilitis, owing to a sudden swelling of the glottis, it is reasonable to suppose that intubation, or at most, tracheotomy, would have saved him. The accident happens quite frequently. A precisely similar occurrence took place in this city only a month ago, and to a notable man (Bushnell) two years ago. We homeopaths usually head off or control this swelling with Apis or Lachesis, but if the worst comes we should be prepared to use forcible intubation, or even tracheotomy. That the result might not have been different in the local heart and throat cases referred to if heart stimulation and artificial respiration were resorted to is no excuse. Nothing now known will spur up

A FAILING HEART

like a proper injection of Glonoinum. Dr. Constantine Hering first studied its physiological effects, and to him belongs the credit of its introduction in 1848. Our allopathic brethren have only comparatively recently recog-

nized its virtue, but its introduction among these seems to have been brought about by the medicine makers and vendors. Thus slowly do they progress in all therapeutic measures emanating from homeopathic sources. Nor should you forget the peculiar properties of Amyle-nitrite by inhalation, or internally, and you should always be prepared to use these remedies in such cases.

Regarding hypodermic injections in general, the *Hospital Gazette* says that their absorption is twice as rapid over the chest or temple as elsewhere, which may be a point of importance in connection with their use as indicated above. And, at the risk of being criticised for not sticking closely to my subject, I want to say that I believe we are too apt to overlook the value of hypodermic medication in general diseases as well as cases *in articulo mortis*, more especially in cases where we might reasonably infer from the condition of the stomach that absorption is faulty or impossible, or where the case does not properly respond to the homeopathically indicated remedy.

In cases of death by drowning you should not fail to use electricity in your efforts at resuscitation. A fine point of differentiation as to the probability of resuscitation in a case of drowning is whether it was *suicidal* or *accidental*, for a suicide can not be saved after five minutes submergence, but the accidentally drowned may be submerged twenty and possibly thirty minutes, and yet be resuscitated. The horror and revulsion of feeling and fear of death of the latter are not present in the former, and this influence on the nervous mechanism of the heart may account for the difference. Persevere in your efforts, as life has been restored in drowning cases after four hours' work. If possible, while performing artificial respiration in any kind of case, use oxygen gas in some form to facilitate the aeration of the blood and rejuvenation of the tissues.

**GOVERNOR FERRY'S VETO OF THE POWER BILL
IN WASHINGTON.**

To the Honorable House of Representatives of the State of Washington—*Gentlemen*: I herewith return H. B. No. 27, entitled "An act to regulate the practice of medicine and surgery in the State of Washington, and to license physicians and surgeons, to punish all persons violating the provisions of this act and to repeal all laws in conflict therewith," with my objections thereto.

The enactment of laws for the protection and preservation of human life and health is both commendable and necessary. The constitution imposes upon the legislature the enactment of laws to regulate the practice of medicine and surgery. On a former occasion I directed the attention of the legislature to this subject, and I renew the recommendation that I then made. The laws to be enacted, however, should not contravene the plain provisions of the constitution; they should not confer upon a small body of persons undefined, unlimited and autocratic powers, under which certain classes of our fellow citizens might be made to suffer irreparable injury, and a still larger class be deprived of the right to employ such medical advice and assistance as may, to them, seem proper and advisable, a right which they have always regarded as sacred and constitutional. The legislature has undoubtedly the power to provide for a board of medical examiners, but it cannot confer upon such board unconstitutional powers. The legislature can create inferior courts but it cannot confer upon such courts legislative powers. This principle has been declared by our supreme court during its present term.

The most serious objections to this bill are contained in section 3, which is as follows:

"All persons hereafter commencing the practice of medicine or surgery in any of its branches in this state shall apply to said board for a license to do so, and such applicant, at the time and place designated by said board, or at the regular meeting of said board, shall submit to an examination in the following branches, to-wit: Anatomy, physiology, chemistry, histology, materia medica, therapeutics, preventive medicines, practice of medicine, surgery, obstetrics, diseases of women and children, diseases of the nervous system, diseases of the eye and ear, medical jurisprudence, and such other branches as the board shall deem advisable. Said board shall cause such examination to be both scientific and practical, and of sufficient severity to test the candidate's fitness to practice medicine and surgery. After examination, if the same be satisfactory, said board shall grant a license to such applicant to practice medicine and surgery in the state of Washington, which said license can only be granted by the consent of not less than five members of said board, and which said license shall be

signed by the president and secretary, and attested by the seal thereof. The fee for such examination shall be \$10, and shall be paid by the applicant to the treasurer of said board toward defraying the expense thereof, and such board may refuse or revoke a license for unprofessional or dishonorable conduct. In all such cases of refusal or revocation the applicant may appeal to the appointing power of said board."

Under this section a majority of the State Board of Medical Examiners may refuse to grant a license to any applicant, merely by saying: "We are not satisfied with your examination." The language of the bill is: "After examination, if the same be satisfactory: said board shall grant a license, etc." From this it will readily be seen that a physician may come to this state to reside and practice his profession. His reputation may be national and his private and professional character may be immaculate. He may be examined by the board upon all the subjects prescribed, and his proficiency may be perfect, yet five (5) members of the board have only to say, "your examination is not satisfactory," and refuse to grant him a license. He has no remedy. There is no appeal from this decision. The bill gives no appeal, except in cases where the board refuses or revokes a license for unprofessional or dishonorable conduct. The applicant for a license is compelled to leave the state and go where such arbitrary powers are not conferred upon a board of medical examiners.

If the board can thus decide in one case it can in all, and therefore it would be within the power of the board to refuse a license to every physician whose views in regard to the practice of medicine were not in consonance with a majority of the board.

It may be said that it is not probable that this course will ever be pursued by any board which may be appointed. This is a mere matter of opinion, and cannot be demonstrated. No law should ever be enacted under which it would be possible that the citizen could suffer injustice and wrong. History teaches that autocratic and unlimited powers have almost universally been abused. Human nature has been the same in all ages. Selfishness and self-interest are as predominating traits of character to-day as they have ever been in the past. Justice Matthews, in a case decided in the supreme court of the United States, 118 U. S. 356, uses this language:

"When we consider the nature and the theory of our institutions of government, the principles upon which they are supposed to rest, and review the history of their development, we are constrained to conclude that they do not mean to leave room for the play and action of purely personal and arbitrary power."

Another objection to the bill arises under section 12, of the declaration of rights, which is as follows:

"No law shall be passed granting to any citizen, class of citi-

zens, or corporation other than municipal, privileges or immunities which upon the same terms shall not equally belong to all citizens, or corporations."

The bill, although not in express terms, yet by clear implication, permits every citizen who is engaged in the practice of medicine at the time the bill should become a law to continue such practice without examination. Yet another class, who desire to commence practice after the law takes effect, must submit to certain conditions which are not imposed upon the other class. The bill, therefore, confers upon one class of citizens important privileges which cannot, upon the same terms, be enjoyed by another class, and is, therefore, in conflict with the constitution. In addition to this, section 7 of the bill expressly excepts from its operation a certain class, which cannot constitutionally be done.

Another objection to the bill is that it confers legislative power upon the board of examiners. The constitution, section 2, article 20, is as follows:

"The legislature shall enact laws to regulate the practice of medicine and surgery and the sale of drugs and medicines."

The bill provides that the board may refuse or revoke a license for unprofessional or dishonorable conduct, but it does not prescribe what acts shall constitute unprofessional or dishonorable conduct. There is no recognized standard or code of medical ethics defining what is unprofessional or dishonorable conduct which will control the board in their action; hence the board has unlimited power to adopt such rules and regulations upon this subject as they may deem proper. These rules and regulations when adopted will have the force and effect of laws, and will regulate the practice of medicine and surgery, shall be enacted by the legislature. Judge Cooley, in his article upon constitutional limitations, says:

"One of the settled maxims in constitutional law is, that the power conferred upon the legislature to make laws cannot be delegated by that department to any other body or authority. Where the sovereign power of the state has located the authority, there it must remain; and by the constitutional agency alone the laws must be made until the constitution itself is changed. The power to whose judgment, wisdom and patriotism this high prerogative has been intrusted cannot relieve itself of the responsibility by choosing other agencies upon which the power shall be devolved, nor can it substitute the judgment, wisdom and patriotism of any other body for those to which alone the people have seen fit to confide this sovereign trust."

The unlimited power given to the board to revoke the license of any physician in this state at any time for a violation of what the board may declare, or think, to be a dishonorable or unprofessional act is in conflict with the fifth amendment to the constitu-

tion of the United States. This declares that no person shall be deprived of life, liberty or property without due process of law. When a physician has complied with every requirement of the law, has received a license, and is engaged in the practice of his profession, this practice is of value to him; it is in one sense property, and he cannot be deprived of it without due process of law. The whim or caprice of a board which is not even required to take an oath to discharge the duties devolved upon them cannot be regarded as due process of law. In the case of Dent versus state of West Virginia decided in the supreme court of the United States, January 14, 1889, Justice Field, referring to the question whether a right to practice medicine under a license is property, says:

"It is undoubtedly the right of every citizen of the United States to follow any lawful calling, business or profession he may choose, subject only to such restrictions as are imposed upon all persons of like age, sex and condition. This right may in many respects be considered as a distinguishing feature of our republican institutions. Here all vocations are open to every one on like conditions. All may be pursued as sources of livelihood, some requiring years of study and great learning for their successful prosecution. The interest, or, as is sometimes termed, the estate acquired in them, that is, the right to continue their prosecution, is often of great value to the possessors, and cannot be arbitrarily taken from them, any more than their real or personal property can be thus taken."

From the above it will be apparent that under this bill a person may be deprived by this board of what is regarded under the constitution as property. No trial is provided for; no notice is required to be given to him, and if after his license is revoked he continues to practice he may be fined in the sum of one hundred (\$100) dollars, or imprisoned in the county jail ninety days, and all this resulting merely because he differs with five men in what they may regard as unprofessional or dishonorable conduct. It is true that in case of a revocation of license an appeal may be taken to the governor. It is a serious question whether this is not unconstitutional, as conferring judicial power upon the executive branch of the government.

A very serious question arises whether the power given to the board to revoke a license is not judicial in its character. If this is the case, we have the anomaly of one body clothed with both legislative and judicial functions. It may be said that the power conferred upon the board of examiners is similar to the power possessed by courts to disbar attorneys. There are several answers to this. The power to disbar attorneys is exercised by recognized judicial tribunals. An attorney is an officer of the court. The

laws of Washington in express terms declare what the duties devolving upon an attorney are, and a violation of any of these laws constitutes dishonorable or unprofessional conduct, for which the court can exercise its power of disbarment.

A few states have adopted laws for the regulation of the practice of medicine and surgery, but I have been unable to find any law where the power given to the board of medical examiners is so unlimited and so liable to abuse as the power given to the board under the present bill. While it is apparently copied from a law enacted by one of our sister states, it is very dissimilar in the important point that it affords no appeal where the board refuses to grant a license after examination.

It is eminently proper that in the enactment of laws we should look to those enacted by our sister states which are sound, wholesome and free from constitutional objections; but it certainly cannot be good policy to follow the example of a sister state in the enactment of a law to which there are serious constitutional objections; which confers arbitrary and despotic power, and which will not receive the sanction of a large number of our fellow-citizens.

Very respectfully,

ELISHA P. FERRY.

T. M. DILLINGHAM, M. D., Chairman of the Bureau of Clinical Medicine, I. H. A., issues the following appeal to members for papers and observations of clinical facts. Let every member of every state society, whether on a bureau or not, read it and act on it as an imperative professional duty:

"Every member can send from five to a hundred valuable clinical observations. Since you began practice you have had your heart leap with joy many a time at the wonderful and indisputable effect of the remedy you had given. *Just these facts are what we want in our bureau.* These positive and beautifully illustrative proofs that Similia is the law of cure. Confirmations of previous observations are of very great value, especially on the newer remedies. Whether they are short and direct like Hering's characteristics, or as long as the "moral law," makes no difference. Send what most interests you, and what you feel to be so true and valuable that every true Homeopath in the land should know you have observed or confirmed it. Remember the *truth can be often repeated.* Much, very much, is lost to us by members who think every one knows, or should know, what is an every day fact to them. Now then, every day facts are what we want, as well as Sunday facts.

"As it is especially desirable that all the papers of the bureau should be correct will you kindly send them *so clearly written that no mistake on the part of the printer will be possible.*"

THE
MEDICAL ADVANCE.
AN ADVOCATE OF
HOMEOPATHIC MEDICINE.
H. C. ALLEN, M. D., EDITOR.

The Editor is not responsible for the opinions of contributors. Personalities being foreign to scientific discussion, must be excluded.

Editorial.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime."—HAHNEMANN.

LA GRIPPE.—The condensation of the rays of light emanating from the therapeutic suns of greater and lesser magnitude give us a focus of interest and reminds us of an old lesson easily forgotten. From good authority we have read that the suitable remedy in most cases was Gelsemium, Baptisia, Magnesia phos., Lac can., Rhus tox., and Terebinth phos.

When so many remedies are recommended each as *the* one par excellence we generally find that the disease is acute, epidemic, largely self-limited when uncomplicated by drugging, varying in severity and the mortality depending upon the degree of the inherent existence of one or more of the chronic miasms, age, habits, etc. The properly selected homeopathic remedy will shorten the attacks, lessen the suffering, and prevent serious complications and complete the cure, where the result might be otherwise, but let us give Dame Nature some credit.

W. S. G.

* * *

THE VETO OF THE POWER BILL.—On another page will be found the full text of Governor Ferry's veto, to which

we invite the attention of our readers. It was one of the most iniquitous measures ever enacted by a legislature in the interest of medical education, and although it met a vigorous opposition in both Senate and House of the new State of Washington, it passed both bodies by a good majority. Like many attempted wrongs in the interest of our friends of the dominant school, it overreached itself and met its just deserts at the hands of an honest, upright and honorable governor. The more this question of medical education is discussed the more it becomes apparent that the minority have rights which the constitution is bound to respect.

* * *

POLY-PHARMACY.—An “order blank” issued by Luyties’ Pharmacy, St. Louis, announces the following articles as kept in stock: “Eucalyptus Cordial, Dyspepsia Powder, Pettit’s Pills, Pile Suppositories, Croup and Cough Drops, Panacea Ointment, Vesicaria, Prof. Kinkel’s Tape Worm Remedy, Mecajah Wafers,” etc. These “order blanks” are sent to homeopathic physicians from whom the pharmacy, no doubt, receive orders, as the goods would not be kept if there was no demand for them. It is to be regretted that the proprietors of a pharmacy should so far forget what is due themselves and the profession as to deal in such questionable commodities ; for excuse themselves as they may, it casts a doubt on their integrity and calls in question the purity of their homeopathic remedies ; for the homeopath who is jealous of his good name cannot afford for a few cents to run the risk of using doubtful preparations. Perhaps there are other “augean stables” that need cleansing.

* * *

THE LONDON HOMEOPATHIC HOSPITAL.—The recent addition of such well known and staunch homeopaths as Drs. Skinner, Clark and Burford to the staff of the London hospital, is a matter for sincere congratulation. Those attending the clinical work will now see the *patient*, not the *disease*, prescribed for, and may be able to practically master that most difficult part of the homeopathic art, the taking of the case.

A WELL-DESERVED CENSURE.—When the senior editor of the nameless and homeless journal hauled down the flag under the guidance of which he had made a reputation and a name, the act met the honest indignation of every true Homeopath. But when he says that "since the death of Dr. Bayard there is not a single pure Homeopath left in New York," thus publicly adding misrepresentation to his attempt to foist upon the homeopathic school his "liberal" empiricism, he richly merits the invitation he has received in the following resolution:

"**W**HIEREAS, Dr. Egbert Guernsey has used abusive terms for some six years past as to his colleagues who are members of this Society, and as to all other homeopathic practitioners, and in recent interview has admitted and renewed his vilification of his associates;

"**R**esolved, That Dr. Guernsey should, in the opinion of his associates, resign his membership in this society, and discontinue his affiliation with Homeopaths and homeopathic institutions."

We trust he will promptly resign, not only from the New York Society, but from all homeopathic societies, and join his empirical friends where his tastes and interests belong. He has played "wolf in disguise" long enough.

Comment and Criticism.

Ask yourself if there be any element of right and wrong in a question. If so take your part with the perfect and abstract right, and trust in God to see that it shall prove expedient.—**WENDELL PHILLIPS.**

DR. DAKE'S SURRENDER.

Editor *Advance*: It has never been my desire to freight the columns of a medical journal, every line of which is worth, at least, a homeopathic physician's ransom, with dead fruit; but when "the Old Guard" in the homoeopathic ranks, like that at Waterloo, gives way, it is high time that some disciple of the master steps into the breach, or we will go down to defeat as did the "Little Corporal," on the memorable eighteenth day of June.

What mean the resolutions of J. P. Dake, M. D., in the November issue of the *N. Y. Medical Times*? Has not that portion of the medical world of which he pretends to be a member, been ridiculed, cursed, trampled upon, ostracized and lied about by that other portion, he wishes to conciliate and affiliate with? His remedy will *never* be "in sight." Nor will this consummation so devoutly wished for by the doctor, be realized, until the irregulars become *regular* in their practice, and acknowledge that there is a law of therapeutics.

Hahnemann, one of the leading lights of the medical fraternity both in the last as well as the present century, plead with his brethren to test the merits of this law. But with their hearts set against all innovations, they derided and despised him, and closed their doors against him; and the heirs to their empiricism and hate, have *kept those doors closed* against some of the brightest literary and medical scholars of the day—men acknowledged so to be, even by themselves. The "instruction and diploma" of a *homeopathic* college is now and always has been granted "impartially" to all students, who have complied with the demands of its curriculum, but the knowledge of even anatomy, physiology, obstetrics and surgery—branches common to both schools—if gained at a *homeopathic* college, count for naught with the government of an *allopathic* institution. Then, to whom does this cry of Dr. Dake's go up? The *allopathic* medical journals are but the mouth pieces of the several college faculties, "stealing our thunder" anywhere and everywhere, each new issue disclosing aggravated cases of literary piracy. 'Twas only yesterday I read in the December number of the *Medical News*, an article eulogizing Corrosive sublimate, in 1-100 grain doses, in dysentery. One of the highest authorities on *Materia Medica*, in the *allopathic* school, and possibly the highest of said school in this country, copies our provings—page after page—in one portion of his work, and denominates us charlatans, fools and knaves in another. What have we to expect from such doctors or such journals? These resolutions of the doctor, knocking

so humbly and pathetically at the allopathic back door (but not for you nor me "dear reader,") but flatter the vanity and egotism of the self-styled scientific school of medicine, and gain for the author, only its silent contempt. There are men—good and true—in our ranks, and there always will be, who will never lay the proud banner of Similia at the feet of an arrogant foe, no matter how strong he be, in wealth, numbers or influence. These men will defend the ensign until it be followed as the "cloud of smoke by day" and the "pillar of fire by night," in every clime where the science of medicine is known, and then and only then, will it be furled and placed in the archives of the past, as the sign of a glorious peace through an intellectual victory.

S. W. COHEN.

WACO, TEXAS.

[This should have appeared in the February issue. The delay was due to our crowded columns.—ED.]

THE ARMY SURGEONS.

In your January Number Dr. Murdock states that those "old soldiers who say that they had to defend their wounded limbs from the knife of the army surgeon are blatant liars." I do not agree with the doctor. In June, 1864, I was with Gen. Grant's army at City Point, Va., for a few days, and saw considerable army surgery. Many men went upon the surgeon's table, ostensibly for a more complete examination, and went off it minus a leg or arm, against their urgent entreaties. One flagrant case was that of a soldier with a bullet in the femur, or tibia, near the knee joint. With a little assistance he walked on the limb to the table and repeatedly, with his last conscious breaths, forbid the surgeons amputating his limb. When he revived from the chloroform he found himself maimed for life. I asked of the brigade surgeon the privilege of examining the amputated member, but was curtly refused. There was but little swelling or inflammation of the limb. The ball was embedded in the bony or soft tissue, apparently not involving the joint, and, most likely, with reasonable time and attention the limb could have

GOVERNOR FERRY'S VET IN WASH.

To the Honorable House of Washington—*Gentlemen:* I herewith introduce an act to regulate the practice of the State of Washington, and to punish all persons violating it, and to repeal all laws in conflict therewith.

The enactment of laws for
human life and health is best
constitution imposes upon
to regulate the practice of
occasions I directed the attorney
and I renew the recommendation
be enacted, however, short
of the constitution; they
persons undefined, unless
certain classes of our felons
parable injury, and a state
employ such medical and
proper and advisable
sacred and constitutive
power to provide for
confer upon such bodies
can create inferior
legislative powers.
Supreme court during

The most serious
3, which is as fol-

" All persons surgery in any board for a license place designated board, shall say to-wit: An medical, therapeutic, surgical, obstetrical, and the nervous system. Said board practical, to practice shall be satisfied to practice which is more than five

umbly and pathetically at the allopathic back door (but for you nor me "dear reader,") but flatter the vanity egotism of the self-styled scientific school of medicine, gain for the author, only its silent contempt. There men—good and true—in our ranks, and there always will be, who will never lay the proud banner of Similia at the feet of an arrogant foe, no matter how strong he be, in health, numbers or influence. These men will defend the sign until it be followed as the "cloud of smoke by day" and the "pillar of fire by night," in every clime where the science of medicine is known, and then and only then, will it be furled and placed in the archives of the past, as the sign of a glorious peace through an intellectual victory.

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been saved, either with or without some ankylosis. I believe such butchery—for it was not true surgery—was common, and certainly, most outrageous.

On the morning of the above related occurrence the surgeon—a brigade surgeon who outranked the others present—began an *examination* for a ball with his knife and probe, which he ended with an *amputation*. So indecent was his haste to amputate that he slashed into the limb and then had to wait for the balance of his tools to be unpacked from his case to complete the operation.

I have no doubt that very much of this kind of work was done which would not have been done had those surgeons been under the restraints and enlightened observations of civil practice.

And in civil practice I have myself saved at least three legs which reputable allopathic surgeons had condemned to the knife. I have seen so much of allopathic inefficiency (to call it by a mild term) that I have little confidence in any of their professions. Their favorite method of curing an organ, or a member, is to remove it, and if they cannot cut off, or kill something, they think they are doing nothing. Just now, with one accord, they are all rushing, with uplifted clubs, after the poor microbes. In a year or two they will have some other object of vengeance in their bastard “science.”

E. R. ELLIS, M. D.

DETROIT, January 18, 1890.

WHAT CONSTITUTES A HOMEOPATHIC PHYSICIAN?

COMMISSIONER: “*What, in your judgment constitutes a Homeopathic physician?*”

PHYSICIAN, (a witness under examination): “*Belonging to our society.*”

It would seem that this testimony of the doctor has received a good deal of attention from many doctors, if we may judge from the comments made upon it. It is not at all surprising that it has satisfied so few. Belonging to a church does not constitute man or woman a Christian, but instead, certain qualities of head, heart and character. It

ought to surprise no one, this answer of the witness. All are bound to accept it as the best he knew. That he knew no better should surprise no one, if we are to believe the statement of another doctor of Gotham, to the effect that after Bayard's death there was not one such physician in that city.* It is not surprising if so great rarity of the fact should have begotten so great ignorance of it as to have left the poor witness with no better answer. Did not know the fact when it was seen, seems to have been what was the matter. Then how should he know what "*constituted*" the fact of which he was so evidently ignorant? If it be replied: He was before this commissioner as a witness who was supposed to know much; we can only reply—true, but this only shows more definitely the extent of his ignorance. Did not even know that he did not know! Then sarcasm of comment should give place to compassion.

We have said there has been much comment on this answer to the commissioner, but of those who have expressed dissatisfaction with this answer not one of them has given a different one. No one has told what, in his opinion, does "*constitute*" a doctor, a *homeopathic* physician. Why have they not given this? Is it because the professional strabismus which made this the best possible this witness could give has become so common that writers have practically only *one* eye, and that so exclusively fixed on "*our society*" that they have no vision of the law of cure or the system of therapeutics founded thereon? Is it true that this strabismus disqualifies for looking at more than one object at a time, or does it inflict on its victim total blindness as to whatever of homeopathic truth? It may be that it is sometimes the one and sometimes the other. The probability of this is suggested by the so great absence of

* This unwarrantable statement by the editor of the *New York Times* is as far from the truth as his usual teaching is from anything homeopathic. For the information of our readers we will state, that the monthly roll call of The Homeopathic Union is over fifty members, and they all practice the Homeopathy of Dr. Bayard. When a man disowns the name he is not expected to know much of Homeopathy.—ED.

all relating to *homeopathic* law, philosophy or practice from the recorded doings of Institute, Society and periodicals. Indeed, judging from these it would seem very much as if law and philosophy had become mostly obsolete ideas with self-styled Homeopathists, and only "our society" remains for our care and confidence.*

As a matter of fact, has therapeutic law ceased to exist? Has this really given place to the ever shifting and sometimes vaunted rule, of "what *I think* will do my patient good?" The second, third, and fourth man may each think different, then what? And in what is this shifting rule which is really no guide and never can be, better than the infallible God-given law which tells what the patient should have, and never makes mistakes!

If there be such a law, and if its discoverer named it *Homeopathy*, then it must be composed of elements which may be understood. Having its origin not only in the maker of the law, but also in the maker of the *mind of man*, it must be comprehensible by the powers of that mind. It must be composed of principles which together constitute the philosophy of that law. The "Science of Therapeutics" must be founded on those principles.

Then a *homeopathic* physician must be one who knows that law, is intelligent of its principles of philosophy and the system of therapeutics founded on them. He must be one who believes this law, accepts its philosophy, and practices the system of therapeutics founded on it. And if he be a man of *good* conscience, a man of loyalty to law, he will at no time and never practice aught else till he has found something more reliable and more valuable than God's law. Such a man is a "*homeopathic physician*," and *no other man* is. The man who adopts the rule of doing for the relief of the sick by means outside the law, of what-

* To so great extent has this come to pass that at a late session when one of its constituent members was listening to a discussion in the A. I. H. by members present, his amazement overcame his discretion so far that he cried out, "I *thought* I was in a *homeopathic* Institute!" He was not, and his disgust and disappointment were great.

ever character, exalts his petty thoughts above divine authority. He ceases by so doing then and there, *quo ad hoc*, to be a homeopathic physician whatever be the society to which he belongs. He thinks himself superior to the authority of the Almighty, would seem to be the true diagnosis of his status.

P. P. WELLS, M. D.

BROOKLYN, N. Y.

PHTHISIS AMONG THE JEWS.

Editor Advance: In a recent issue you asked if any one had seen phthisis among the Jews. Dr. Bender states that he has seen a few cases. I append the following from a clipping in the *Medical World*:

CHANGES IN THE JEWISH RACE.—M. Blanchard has collated the following facts concerning the Jewish race as the result of numerous observations and statistics taken in France and Germany:

I. Numerous infants are born without any prepuce.

II. "Flat-foot" is very commonly met with among them.

III. They are physically degenerating and becoming more and more subject to tuberculosis, scrofula, hysteria and grave neuroses, due in a great measure to their frequent marriages of consanguinity.

I give you this for what it is worth.

R. S. THURSTON.

136 BOYLSTON STREET, BOSTON.

[Accept thanks for reporting and observation, but this does not settle the question of pork eating as a cause of tuberculosis.—ED.]

New Publications.

A NEW MEDICAL DICTIONARY. By Geo. M. Gould, M. D. Philadelphia: P. Blakiston, Son & Co. Small octavo; pp 520.

"Notwithstanding the vast growth of medical literature during the past decad', there has been no dictionary accessible to the physician and student that has kept pace with the coinage of new words and terms. The whole science of medicine has been largely revolutionized within a score of years, the growth of specialism in itself increasing the vocabulary by some thousands of words; and yet the busy practitioner or student has been offered no compact, thorough dictionary to which he could turn for a definition abso-

lutely necessary to the proper understanding of the article he might be reading."

"Concerning its aim and scope the author in his preface says that his purpose has been—

1. To include those *New Words and Phrases* created during the past ten years—a period rich in coinages—which appeared destined to continuous usage. There are certainly thousands of these, and in their compilation I have especially endeavored to cover the latest results in the study of Bacteriology, Ptomaines, Leucomaines, Electro-therapeutics, Embryology, Physiology, Pathology, etc., and in the various special branches of medicine, such as Ophthalmology, Otology, Laryngology, Gynecology, etc.

2. To frame all *definitions* by the direct aid of *New, Standard and Authoritative Text-books*, instead of making a patchwork of mechanical copying from older vocabularies.

3. While neglecting nothing of positive value, to *omit obsolete words* and those not pertinent to medicine except in a remote or facultitious sense.

4. To make a volume that will answer the needs of the medical student and busy practitioner, not only by its *compactness of arrangement* and *conciseness of definitions*, but also by its *convenience of size and price*."

From an examination of sample pages we are convinced the author has given us a Dictionary both practical and scientific.

ATHERAPEUTICS OF NERVOUS DISEASES INCLUDING THEIR DIAGNOSIS AND PATHOLOGY. By Charles P. Hart, M. D. Philadelphia: F. E. Boericke. 1889. Cloth, Octavo: pp. 268.

The author says, in his preface, that: "His chief aim has been to furnish a handy, practical guide to the successful treatment of every form of nervous disease, by presenting in one small volume the diagnosis, pathology and therapeutics of one of the most interesting, important and progressive departments of medicine."

All this, in 253 pages. Any one who has had occasion to consult Gowers or Ranney will see how far short our author has come of publishing "his chief aim" in diagnosis and pathology. And in the use of electricity he is altogether too elementary and far behind the times. As he advises it used—in a loose, careless, old style, slip-shod, fashion—more harm than good must certainly accrue; and far more cases spoiled than benefited.

In therapeutic hints, "but few of the more recently introduced remedies have been admitted," and while some of the indications are fairly good, many are so meagre as to be practically worthless. The author has undertaken too much and the result is practically a failure. Hahnemann is much better authority on the treatment of nervous diseases.

THE HOMEOPATHIC VETERINARY DOCTOR. Giving the History, means of Prevention and Symptoms of all Diseases of the Horse, Ox, Sheep, Hog, Dog, Cat, Poultry and Birds, and the most approved method of treatment. By G. H. Hammerton, V. S. Illustrated. Octavo: pp. 435. Chicago: Gross & Delbridge. 1890.

Every lover of the horse will be delighted with the opening chapters, giving the history, in brief, of this noble animal. They include the Pre-Historic Horse, the Horse of History, the Modern Horse, the Primitive Horse, the Arab, Clyde, Percheron, etc.; and a full description of the descent of the thoroughbred from the Arabian, and from the former we have the English and American racer and the American trotter. This historical part is illustrated by the kings and queens of the American turf. The etiology and pathology of the various diseases are well given, and we could but wish that the author's knowledge of *Materia Medica* had been sufficient to enable him to avoid recommending alternation of remedies, even in the treatment of the horse. This polypharmacy sadly mars an otherwise meritorious work.

THE INTERNATIONAL MEDICAL ANNUAL and Practitioners' Index for 1890. Edited by P. W. Williams, M. D., assisted by a corps of thirty-six collaborators—European and American—specialists in their several departments. Octavo, pp. 600. Illustrated. \$2.75. E. B. Treat, New York.

The eighth yearly issue of this handy reference one volume manual is at hand. In its Alphabetical Index of New Remedies and its Dictionary of New Treatment it richly deserves the reputation of its predecessors. In this volume important papers upon Thermo-Therapeutics, Electro Therapeutics, Sanitary Science in city and country, and the Medical Examiner in Life Insurance are features of special interest. It is a *résumé* of the year's progress in medicine, keeping the busy practitioner abreast of the times with reference to the medical literature of the world. While there is a generous increase in size and material, the price remains the same, \$2.75.

MEDICAL PNEUMATOLOGY: A PHYSIOLOGICAL, CLINICAL AND THERAPEUTIC INVESTIGATION OF THE GASES. By J. N. Demarquay. Translated with Notes, Additions and Omissions. By S. S. Wallian, M. D. Pp. 300. Octavo. Philadelphia: F. A. Davis. 1889.

The original work, from which this is condensed, as reported to the Academy of Medicine of Paris, and published in 1886, consisted of 861 pages. This practical condensation is intended for the American physician and forms a pretty full treatise on the medical uses of Oxygen as a therapeutic agent. It is worthy of note that the first work on gases published in this country was from the pen of a Homeopath, in 1887, Dr. Ehinger.

THE CONCORDANCE REPERTORY OF THE MORE CHARACTERISTIC SYMPTOMS OF THE MATERIA MEDICA. By William D. Gentry, M. D. Vol. I. Pp. 835. New York: A. L. Chatterton & Co. 1890.

This volume which has been so anxiously looked for by the students of *Materia Medica*, contains: Mind and Disposition; Head and Scalp; Eyes; Ears; Nose; Face.

The rules adopted in the preparation of the work are:

"*First*: Select and give all the more characteristic symptoms.

"*Second*: Inclose only such clinical symptoms as have been repeatedly verified.

"*Third*: Where two or more remedies have the power of producing a similar condition, include them as merely suggestions.

"*Fourth*: Give the noun, verb and essential adjective in each sentence."

As indicated, the work is arranged after the plan of "Cruden's Concordance of the Bible" and by following the rules laid down in the preface, nearly any symptom can be found. It is true that there is much repetition of symptoms, but that seemed unavoidable, as patients do not express their sensations in the language of the drug provers. Taken all in all, he must be a dull student of *Materia Medica* who cannot find his symptoms here, and the author deserves the thanks of all who have hitherto searched in vain.

Volume II is being rapidly printed, and will be ready for delivery about the first of June.

A GUIDE TO THE DISEASES OF CHILDREN. By James F. Goodhart, M. D. Rearranged and revised by Louis Starr, M. D. Second American from the third English edition. Philadelphia: P. Blakiston, Son & Co. 1889. Pp. 772. Cloth, \$3.00.

We are much pleased with this book. The author is evidently a careful observer, an independent thinker, original and thoroughly in earnest. In style he is terse, confines himself strictly to his subject, knows what to write and when he has written it. He has given us a practical work on the Diseases of Children, those peculiarly incidental to childhood, and not rambled all over the field of general medicine in his efforts. It is a handsome volume of 772 pages, small octavo, and sent forth in Blakiston's best dress.

PRACTICAL ELECTRICITY IN MEDICINE AND SURGERY. By G. W. Overall, M. D. J. H. Vail & Co., Publishers, 21 Astor Place. New York. Octavo: pp. 128. Price, \$1.00.

In this the author does not claim "new therapeutic measures, nor even to add new doctrines to already well founded principles." He has given a brief, concise summary of the practical application of electricity, and the work will repay perusal.

RELATIONS OF HOMEOPATHY TO NATURAL SCIENCE.
By Edward B. Atkins, M. D. New York: A. L. Chatterton & Company.

The author attempts to prove from "regular (?) text-books," and we think he has succeeded, that: "*Medical Science* is rational only so far as it is based upon *natural science*, and when so fixed is unchangeable, and at once takes its place among the fixed sciences, always capable of demonstration, and in such proportion superior to theory or experimental research." We trust some means may be found to induce our brethren to read it.

ALDEN'S MANIFOLD CYCLOPEDIA.—John B. Alden: New York Chicago or Atlanta. Splendid progress has been made with this popular Cyclopedias. The sixteenth volume extends from Galvanized Iron to Gog and Magog. This odd beginning and ending illustrates the scope of the work, taking in as it does the very latest discoveries of science and the remotest traditions of antiquity, and all between, includes an unabridged dictionary of language as well as a cyclopedia of universal knowledge. The small handy volumes, contrasting so remarkably with the usual unwieldy quarto or octavo volumes of other cyclopedias, the handsome type, numerous illustrations, and the neat, strong binding, are features which every one can appreciate; and not less will the majority of readers appreciate the wonderfully low price; 60 cents a volume for cloth binding, or 85 cents for half morocco, or, if ordered immediately, the publisher offers the sixteen volumes for the reduced price of \$7.50 for cloth binding, or \$10.70 for half morocco. At these prices it is sent prepaid, by mail or express. A sample volume may be ordered and returned if not satisfactory.

Editor's Table.

PERSONAL.—To avoid annoying delays, subscribers will confer a favor by sending all remittances and business communications to the publisher at Ann Arbor, Mich., who has the books and subscription list. Also, for years it has been a pleasure to assist our medical brethren in unravelling a knotty case and helping them to find the simillimum. But for want of time we are unable to do it any longer. It requires from one to three hours, and if worth anything to the patient or friends a consultation fee of \$5.00 must be enclosed to receive attention.

BUSHROD W. JAMES, M. D., removes his Eye Institute to 1717 Greene Street, Philadelphia.

KANSAS STATE SOCIETY meets at Salina May 7 and 8, 1890. A good programme is presented.

MARRIED.—At Baton Rouge, La., February 13, W. L. McCreary M. D. and Mrs. Anna K. Burris.

HAHNEMANN ASSOCIATION OF IOWA holds its twenty-first annual session at Sioux City, May 21, 22, 23.

THOS. H. CHUBB, the fishing rod manufacturer of Post Mills, Vt., has issued a very attractive catalogue for 1890.

PORLAND, ORE, is erecting a city hospital to cost \$125,000, which opens its doors on equal terms to both schools.

HAHNEMANN COLLEGE, Chicago, graduated ninety-five at the commencement exercises March 20th, and the banquet in the evening was a success.

THE CHILDREN'S HOMEOPATHIC HOSPITAL of Philadelphia according to the twelfth annual report is in a healthy condition and doing a good work.

H. S. PAYNE, M. D., of Albany, N. Y., and party, will leave New York for a tour of Europe, June 25th. If you are going write for a circular of route, rates, &c.

INDIANA INSTITUTE meets at Indianapolis in May and the executive committee are making extra preparations for the session. Be sure and go and take a paper.

THE CLEVELAND HOMEOPATHIC HOSPITAL appears to have had a very prosperous year and presents an annual report replete with encouragement. The training school for nurses is a success.

THE SOUTHERN JOURNAL OF HOMEOPATHY has been purchased by Mr. T. Engelbach, of New Orleans. Dr. Clifford retires from the editorial chair and is succeeded by Dr. Fisher, the former editor.

M. A. A. WOLFF, M. D., Gainesville, Texas, has issued a two-page circular illustrating why Quinine or any other remedy cannot cure every case of ague or pernicious fever. We commend its study to Dr. Fisher and his Southern colleagues.

NEW YORK COLLEGE AND HOSPITAL was formally opened January 10th, 1890, addresses being given by Judge Cowing, Profs. T. F. Allen, J. W. Dowling and W. T. Helmuth. The New York College now possess one of the finest college buildings on the continent.

S. F. SHANNON, M. D., writes: "At the Denver Homeopath Free Dispensary during the month of January, 1890, there were 254 prescriptions issued, including twenty-seven eye and ear treatments, and twenty-two surgical cases. There were sixty-three new patients presented for treatment during the month."

T. DWIGHT STOW, M. D., Chairman of the Bureau of Surgery, I. H. A., extends a general invitation to every member to send reports of surgical cases under strictly homeopathic treatment. Reports of the successful treatment of gonorrhœa and syphilis are especially desired. Papers may be sent to the chairman or the secretary, Dr. Kimball.

THE
MEDICAL ADVANCE.
A HOMEOPATHIC MAGAZINE.

VOL. XXIV. ANN ARBOR, MAY, 1890.

No. 5

Clinical Medicine.

RHUS POISONING.*

J. W. HAWLEY, M. D., PHOENIXVILLE, PA.

It is well known that wherever *Rhus tox.* grows, a few persons are liable to its toxic effects, by coming in contact with the plant, or by emanations from it in certain atmospheric conditions, which is manifested by a dermatitis, the counterpart of vesicular erysipelas. The symptoms are so familiar to most practitioners that a description here would be superfluous.

The treatment is by no means uniform, nor the results always satisfactory, so far as indicated by the literature at my command.

In the *United States Medical Investigator* for November, 1877, this question is asked: "Is there a direct and positive antidote to *Rhus* poisoning?" The question adds: "In all cases I have treated, nothing has been of more than temporary benefit; it will appear again and again in nearly as bad form as before. Will your many readers give their experience?" And only a few months before, a prominent homeopathic physician, with an extensive prac-

* Read before Chester, Delaware and Montgomery Counties Medical Society, October, 1889.

tice for several years, asks, "How do you cure Rhus poisoning? It is a very troublesome thing to me, hence this question."

Several replies to the investigator's query, from different sections of the country, were published. The first said "Graphites 200 is almost a specific for Rhus poisoning." Had used it for almost five years, and never had to give anything else but once. Thought he learned it from Carroll Dunham. The next mentioned three antidotes, without comment, *Nymphaea od.*, *Nymphaea lut.* and *Agaricus*. Another said that *Bryonia* 30 or 200 had never disappointed him in making a quick and radical cure; notwithstanding this fact, he had used *Croton tig.* with nearly as good success.

The next says that *Bryonia tinct.*; one part in ten of pure soft water, applied externally, and from the 3rd to the 30th internally, has afforded him the most satisfactory results. Another refers to Dr. Carr's experiment with *Sanguinaria can.*, three or four years before, and says that he is "not aware that in a single instance it has failed to give prompt relief." A dilute lotion of the same made no perceptible difference in the result.

The next uses *Arnica* in three cases with instant relief. Cures with *Verbena hast.*, are also reported. A Long Island doctor had several cases that season "poisoned by gathering autumn leaves, the virus being received from the poison sumach and ivy; had no trouble in curing with *Rhus tox.* 3rd dilution, with external wash of strong salt water applied freely and often!" But as a case cited was poisoned from pressing the leaves of sumach with hot irons; it is probable that the cures with *Rhus tox.* were of patients poisoned with *Rhus ven.*; though Dr. Millspaugh, author of *American Medicinal Plants*, successfully treated several cases poisoned with varnish made from the sumach, with "Idem high;" in support of the theory that the antidote to the effect is a high potency of the same.

An Alabama man replied that "the antidote to *Rhus* poisoning, for all Homeopaths, is *Bryonia tinct.*, four drachms, in alcohol four ounces, used locally, and thirty

drops in forty ounces of water, a teaspoonful every two hours internally. Dr. Neidhard is quoted as recommending a decoction of Sassafras; but the greatest relief was from Mercurius prec. rub. in small doses, externally as well as internally.

One says Spirits of Nitre is the best remedy. "Cures every time in twenty-four hours."

Another uses Carbolic acid and Glycerine in water, which when applied "gave almost instant relief."

Lotions of Hypo-sulphide of Soda, Bicarbonate of Soda, and a mixture of Soda Sulph. eleven ounces, and Chloral Hyd. one ounce in a pint of water, are recommended by other prescribers; one of whom gave Fowler's solution of Arsenic internally in addition.

Lastly the present writer replied, "For more than twenty years I have invariably prescribed *Ledum palustre* for *Rhus* poisoning, and believe it to be a true antidote; if administered when the eruption first appears all symptoms will disappear within forty-eight hours, unless it be a slight desquamation, which may follow."

My attention was first called to this remedy by my predecessor, in 1855, who charged me not to forget that *Ledum* is the antidote to *Rhus* poisoning. Never having to treat one, I felt grateful for the information, and had not long to wait for an opportunity to test its merits, to the eminent satisfaction of both my patients and myself. A few typical cases will serve to illustrate its use.

CASE I.—About thirty years ago, a lad of sixteen had been bathing in a stream on whose banks grew some "poison vine," and his body came in contact. Diffidence prevented the trouble being made known until no longer able to endure the contact of his clothing, when domestic remedies were applied without relief. When called to see him, the epidermis of the scrotum and inner surface of the thighs, was pending in large vesicles, and portions of the body, arms, neck and face were covered with the characteristic pustules. *Ledum 3x* in water, a dessert spoonful every two hours if awake, was prescribed, and soft muslin cloths wet with a dilute lotion of the same, applied to the

worst affected parts, to protect them from friction. On the next visit, about fifteen hours after, the dermatitis had so far subsided as to give the patient some much needed rest and sleep during the night. The lotion was discontinued, and the cure was rapid and complete; nothing but Ledum was used.

CASE II.—In the summer of 1876, Mrs. H., a widow about fifty years of age, contracted the poison while gathering vegetables in her garden. Treatment was promptly begun by a homeopathic physician who was an inmate of her house; but Bryonia 200, and perhaps other remedies failed to arrest the inflammation, until, when first seen by me, large vesicles had formed on the face, especially about the eyes, which were nearly closed; the arms were painfully swollen and covered with pustules, as were also the neck and bust; the whole appearance being that of vesicular erysipelas. Ledum internally was prescribed, with no local application, and next day the inflammation was much less, and desquamation rapidly taking place. No other remedy was prescribed and a healthy dermis soon covered the denuded surface.

CASE III.—About four years ago, a Miss of perhaps ten summers, came to my office with a pustular eruption on different parts of her body and extremities. She was the daughter of an itinerant minister, who informed me that every year she took poison from the poison vine; that medical treatment had accomplished little more than to alleviate the intense itching, and that bathing in soda water had not now relieved her. He thought I might give her something to mitigate her distress; but supposed it must have its time for recovery, as she had been treated by experienced physicians of different schools of practice, one of whom was her grandfather, a homeopathic physician of more than thirty years' experience. A small vial of globules medicated with Ledum 3x was given, with directions for use. Two or three days afterwards, the father informed me that the eruption had disappeared as if by magic, nor did she contract the poison the next two summers: after which she passed from my observation.

CASE IV.—Last year a young man presented a face, the right side of which was covered with a solid crust, resembling that from confluent variola. A week or two before he had been fishing where poison vine grew, which produced the usual effect. For several days he had been bathing his face occasionally with a lotion of sugar of lead, and other preparations that he did not know the name of, during which time the vesicles had changed to the appearance described. Suspecting other complications, it was with no little misgiving that *Ledum* was prescribed, and directions given to discontinue all outward applications except a protecting bandage which he then wore. Meeting him on the street a few days after, he had dispensed with the bandage, and a new skin had replaced the unsightly crust. No other medicine was necessary to complete the cure.

CASE V.—Last spring a middle-aged married woman, of the blonde type, had been suffering during the last few days with a “breaking out” on the face, neck and arms. Being unaware of exposure, she did not think it was *Rhus* poisoning, though very susceptible to its influence. It grew in the vicinity, and she had been engaged among her flower beds, both mornings and evenings, which together with the character of the eruption, determined the prescription of *Ledum* in water, a dessert spoonful about every two hours, with a request that I be informed if she was not decidedly better in the morning. Three or four days after she appeared in person to get medicine for her boy, when there was no sign of the eruption remaining. The single prescription of the first visit being sufficient for a complete cure.

This last represents the majority of cases which have come under my treatment during the last thirty-four years, though all forms of development have readily yielded to *Ledum*; and contrary to the teachings of some, that when once affected with the virus the subject is ever afterwards more susceptible to its influence, many of those treated by me have been exempt for several years.

Though further proof may be needed, my experience

leads to the belief that an antidote diminishes, and in some instances destroys the susceptibility to *Rhus* poisoning. We have an analogy in the vaccine virus in variola, *Belladonna* in scarlatina, and other prophylactics, and according to Hahnemann's observations, the effect of drugs upon the provers was to render them much less susceptible, or entirely invulnerable to the attacks of such as give rise to the same or similar symptoms to those which have been produced by the drug.

A theory has been suggested, that the antidote to a poison is another whose pathogenesis most nearly resembles it. A comparison of *Rhus* and *Ledum* shows that they have many symptoms in common, especially the rheumatoid pains, for which *Rhus* is so often prescribed. The almost innumerable accidental provings of the latter have developed a much wider range of dermal symptoms than the provings of *Ledum* have developed; but there is a sufficient similarity to show that the same tissues throughout the organism, are affected in a similar manner by both drugs. Nor does this theory conflict with the doctrine that "Idem" high is the antidote; for it has been frequently demonstrated that additional properties are developed in some drugs by the process of preparing the high potencies, among which may be that of antidote to the effects of the same in crude form or in low attenuations; though whatever theory is involved, the object of this paper is accomplished if others derive as much benefit as I have done, from the use of *Ledum palustre* in *Rhus* poisoning.

COMPARATIVE THERAPEUTICS OF DIPHTHERIA.*

CHAS. H. HAKES, M. D., CHAMPAIGN, ILL.

Ailanthus. Patient lies in a stupor (Bapt., Phos. acid). Excoriating, watery discharges from mouth and nose, making the lip sore (Arum t., Ars., Cepa, Nit. ac.).

Throat swollen both inside and out (Ars., Arum t., Kali per.).

* From Farrington's Clinical Materia Medica.

Alcohol. Grauvogl found this to dissolve the membrane and destroy its growth.

Used in the form of brandy and water it tends not only to destroy the growth but to counteract the terrible prostration.

Ammonium caust. Great prostration (Ars.).

Diphtheria appearing in the nasal cavities (Nit. ac.).

Burning, excoriating discharge from the nose (Arum t., Ars., Ail., Cepa, Nit. ac.).

Amygdala amara. Sharp, lancinating pain through swollen tonsils.

Palate and fauces have a dark hue (Ars.).

Patient much prostrated (Ars., Nat. ars., Apis).

Arsenicum album. Severe cases.

Throat much swollen, both internally and externally (Ail., Arum t., Kali per.).

Membrane has a dark hue (Amygd.).

Membrane fetid (Bapt.).

Thin, excoriating discharge from the nose (Ail., Arum t., Cepa, Nit. ac.).

Restless after midnight.

Throat edematous (Apis, Kali bi., Nit. ac.).

Urine scanty.

Constipation or offensive diarrhea.

When there is enlargement of the lymphatics *Arsenicum iod.* is better.

Apis mellifica. Great prostration from the first (Mer. cyan.).

There is not much fever, in fact there is a suspicious absence of heat.

Pulse very weak, ranging from 130 to 140.

Throat at first appears as though the tonsils and fauces were coated with a glossy red varnish (Lac can.).

Membrane forms oftener on right (Lyc.) than on the left tonsil (Lach.).

Membrane thick, like wash leather (Kali bi.).

Tongue often swollen (Lyc.).

Tongue protruded with difficulty; trembles; coated white; cracked, sore, ulcerated or covered with vesicles. The

uvula, in fact the whole throat, is edematous and swollen.

"Rima glottidis" is swollen, making breathing difficult; also edematous and red.

Sometimes breathing is difficult, at others not in the least so.

In some cases, red rash like scarlatina over the body.

If the child is old enough he will complain of a sensation of fullness in the throat which necessitates swallowing and makes the act difficult.

Arum triphyllum. *A very irritating drug.* Excoriating coryza, making lip sore (Ail. Ars., Nit. ac.).

Corners of the mouth sore, cracked and bleeding (Lyc., Nit. ac.).

Saliva even is acrid (Nit. ac.).

Child is irritable and restless (Rhus.).

Tosses about and is cross and sleepless at night.

Throat very sore, tonsils much swollen.

Belladonna. Often the remedy in the early stage, before the membrane forms, when there is congestion of the head.

This is not a prominent remedy in diphtheria, and you should *be sure* it is indicated or you will lose *valuable time*.

Baptisia. Patient lies in a half stupid state, almost like one intoxicated (Ail., Phos. ac.).

Face dark red, has a besotted look.

Mouth exceedingly putrid (Nit. ac., Puls.).

Membrane dark, exhibits a gangrenous tendency (Mer. cyan.).

Can only swallow liquids; give him milk and he drinks it; give him solid food and he rejects it at once (Nat. mur.).

Swallows solids more easily, liquids cause more pain (Bell., Lach., Hyos., Brom.).

Discharge from mouth and nose *horribly offensive*.

Carbo vegetabilis. This drug is indicated when there is epistaxis with pale, sunken, almost hippocratic face.

The blood flows persistently for hours, perhaps for days.

Blood dark and rather fluid.

Camphor and Mercurius cyanatus have nearly the same symptoms.

Crotalus horridus. *Persistent epistaxis* with blood oozing from mouth, mucous membrane of nasal cavity, and often from all the orifices of the body.

NOTE.—The remedies having epistaxis in diphtheria are Carbo veg., Camphor, Crotalus, Mer. cyan.

Kali bichromicum. When diphtheria assumes a croupous form.

The membrane is thick and decidedly yellow looking (Nit. ac.).

Thick, like wash leather (*Apis*).

Discharges from mouth and throat decidedly ropy and stringy (Mer. cyan).

Mucus thick, tenacious (Amm. carb., Mer. cyan).

Kali permanganate. (*Used in low potencies*).

Throat swollen, both inside and outside (Ars., Ail., Arum t.).

Membrane *horribly offensive*.

Throat edematous (*Apis*).

Thin discharge from nose.

Fluids taken by the mouth return by the nose (Lach., Lac can., Lyc., Sulph. ac.).

The chief characteristic of this drug is *extreme fetor*.

Lac caninum. Membrane white, like china.

Mucous membrane of throat glistens as if varnished (*Apis*); throat very sensitive to touch externally (Lach.).

Membrane begins on left side, but leaves one side and goes to the other repeatedly.

Swallowing very difficult, painful, almost impossible.

Desire for warm drinks (Lyc.).

Fluids return through nose (Lach., Lyc., Kali brom., Sulph. ac.).

Absolute necessity for constant change of position.

Pricking, cutting pain when swallowing, shooting up into ears.

Post-diphtheritic paralysis; diphtheritic croup.

Scrofulous constitutions.

Worse in stormy weather.

Lachesis. Membrane forms on left tonsil; spreads thence to right.

Symptoms worse from empty swallowing (Mer. bin.)

Relief from swallowing solid food.

Constant feeling as if a lump in left side of the throat, which goes down on swallowing, but returns (Lac can.).

When the tonsils are much swollen liquids, return by the nose (Lac can., Lyc., Nux, Sulph. ac., Kali per., Gels.).

Often when aroused from sleep there is a feeling as of needles in the throat which creates suffocation.

Fauces, dark, purplish color.

Great prostration (Ars., Apis, Nit. ac., Mur. ac., Mer. cyan.).

Heart's action weak.

Aggravation after sleep (Lyc.).

Throat sensitive to slightest touch (Bell., Lac can.).

Intense pain accompanies an apparently small amount of inflammation.

Peculiar hard aching all over, so that position is constantly changed.

Relief from cold drinks (Bry., Phos., Puls.).

Lycopodium. Aggravation from 4 to 8 P. M.

Deposit travels from right to left.

A constant desire to swallow amounting almost to a spasm of the throat.

Violent stinging pains (Apis, Lach.).

Worse from swallowing liquids (Bell., Phos.), especially cold drinks—*milk* (Ars., Nit. ac.).

Generally the nose is invaded by the disease (Nit ac.).

Patient cannot breathe through the nose.

Tonsils and throat much swollen (Apis).

Obliged to open mouth and protrude tongue to get breath.

Excoriating coryza (Arum t., Nit. ac., Ail.).

With coryza, a dull throbbing headache at the root of nose or over the eyes.

Always worse after sleep, even after short nap (Lach.).

Crying out in sleep (Bell.).

Awaking cross and irritable.

Temperature high.

Mercurius proto iodide. Deposit begins on the right side (Lyc.).

Swelling of the glands of the neck (Mer. bin., Ars. iod.).

Accumulation of tenacious mucus in throat (Kali bi.).

Tongue red at tip and margin.

Base and posterior of tongue coated thick, dirty yellow (Chin. sulph.).

Mercurius bin. iodide. Deposit begins on left side (Lach., Lac can.).

Left tonsil inflamed, and there is a yellowish-grey membrane forming there.

Glands of the neck are swollen (Proto iod., Ars. iod.).

The cellular tissue about the throat is also involved.

At times there is an accumulation of slimy or sticky mucus in the throat and mouth.

Symptoms worse from swallowing (Lach.).

Swallowing saliva excites more pain than solids (Lach., Mer. cor.).

Mercurius corrosivus. Uvula elongated and swollen; dark red.

Intense burning in the throat (Ars., Ars. iod., Caps., Phyt.).

Burning rendered intolerable by external pressure, accompanied by violent constriction of the throat (Bell.).

Attempt to swallow either liquids or solids causes violent spasms of throat, with ejection of liquid or solid.

NOTE.—*Merc. vivus* is not indicated in diphtheria or diphtheritis. When we think it is called for, a little care and study will show us that one of the other preparations of Mercurius is the simillimum.

Mercurius cyanide. By reason of the presence of Prussic acid, Merc. cyan. acts well when there is *much prostration* from the first (Apis, Mur. ac.).

Pulse quick, no volume at all.

Membrane at first white, covering "velum palati" and tonsils.

Glands soon begin to swell (Bin iod., Proto iod., Ars. iod.).

After swelling of glands, membrane becomes dark, threatening even to become gangrenous (Bapt.).

Breath fetid.

No appetite; weakness extreme.

Tongue coated brown, in some cases black.

Nose-bleed sets in (Camph., Carbo veg., Crotalus); dangerous symptoms.

Epectoration thick, ropy (Kali bi.).

Harsh, barking, croupy cough, with dyspnea.

Muriatic acid. Most intense prostration.

Patient scarcely life enough to move.

Worse from 10 to 11 A. M.

Mouth studded with ulcers having black or dark base dipping deep in (Nit. ac.).

Ulcers have tendency to perforate the part on which they are situated.

We often have the intermittent pulse of Nit. ac. but in addition to that, involuntary stools and urine.

Naja tripudians. Impending paralysis of the heart.

Patient wakes from sleep gasping and blue.

Pulse intermittent and thready (Nit. ac., Mur. ac.).

In cases where the larynx is invaded (Lach., Mer. cyan.).

Patient grasps at throat, with sensation of choking (Iod., Acon., Lach.).

Fauces dark red (Ail., Bapt., Phyt., Amyg.).

Breath fetid (Mer. cyan.).

Short, hoarse cough; raw feeling in larynx and upper trachea.

Natrum arsenicosum. Great prostration.

Dark, purple hue to the throat and great swelling.

No pain.

Uvula hangs down like sack of water (Kali bi., Rhus.).

Nitric acid. One of the chief remedies in *nasal diphtheria*.

NOTE.—This remedy is preferable to any other in diphtheria with excoriating discharge. When the disease advances to the stomach. When with *great prostration* and

membranes in *throat and nose*, there is distress and uneasiness referred to the stomach with *total rejection of food*.

Excoriating watery discharge making the parts sore (Ars., Ail., Arum t.).

Throat extremely sore, covered with a dark, offensive or yellowish white membrane.

Mouth studded with ulcers (Mur. ac.).

Ulcers appear principally on the inside of the cheeks, on the lips and borders of the tongue.

Salivation accompanies ulceration.

Saliva *watery* and acrid (Arum t.).

Pulse intermittent every third or fifth beat (Mur. ac.).

Phytolacca. This remedy is called for in the beginning of the disease, when there are *creeps, chills and back-aches*.

Patient is weak and feels faint when he sits up in bed.

Throat dark, almost purplish (Amyg., Lach., Naja).

Great burning in throat (Ars., Caps., Mer. c., Ars. iod.).

Aggravated by hot drinks (Lach.).

Ranunculus sceleratus. The acridity of this drug differentiates it from all others.

Denuded patches on the tongue, remainder being coated, giving the condition known as mapped tongue (Ars., Rhus, Tarax., Nat. mur.).

Rhus. Rhus is indicated in pretty severe cases where the membrane is dark in color (Bapt., Mer. cyan.).

Bloody saliva runs out of mouth during sleep.

Inflammation of the glands of the neck with dark erysipelatous hue.

Transparent, jelly-like, reddish discharge from the bowels during or after stool.

Typhoid condition.

Sulphur. The membrane first appears on the posterior wall of pharynx and extends upwards and forwards.

The whole back part of throat to palatine arches appears in a state of ulceration or sloughing.

Frequent sinking spells; hot flashes; weak, rapid pulse.

When from some constitutional weakness the best selected remedies only palliate.

Sulphuric acid. Tonsils bright red and quite swollen; thick yellow membrane on tonsils, teeth, lips; sticks like glue.

Swollen tonsils cause liquids to escape through nose (Lach., Lyc., Lac. can.); parotids swollen, hard.

Patient deathly pale, looks like a corpse.

Inclined to somnolence and drowsiness.

Can hardly *take a breath or make a noise* on account of abundance of the membrane.

Stringy, lemon-yellow mucus hangs from posterior nares.

CHOLERA INFANTUM.

AD. LIPPE, M. D., PHILADELPHIA.

Cholera infantum, or, as this form of disease is generally termed, "summer complaint," comprises all the various diseases of the digestive organs and brain with which children are attacked during the summer, and most frequently during dentition during their second summer. The various forms of diseases of the digestive organs are those attacking the stomach as its principal seat, as catarrh, acidity, inflammation, ulceration, or softening of it, or the intestines alone are the seat of the disease, as an erythematous inflammation, catarrh, excoriations and ulceration.

The disease often appears in different forms, at different seasons and in different localities.

The brain is very frequently the seat of the disease from the very inception of it, and the erroneous idea that a later stage of the disease itself develops the various cerebral symptoms is only a proof that the first observations of the state of the patient's disturbed health were made inaccurately, and that the cerebral symptoms had been entirely overlooked. The most frequent brain disturbance, from the very beginning of the disease, is hydrocephaloid.

If the observing healer has found the cerebral symptoms (dilated pupils, hot head, cold extremities, drowsiness) present in a child during hot weather and the preva-

lence of cholera infantum, he may avert all further anxieties (especially if the child also vomits) by administering a single dose of Belladonna.

The knowledge of the seat of the disease, its name, or a knowledge of the stage in which we find the disease, does not indicate a particular treatment, or indicate the truly curative remedy; but this knowledge is nevertheless necessary, for it facilitates the examination of the sick, and it enables the physician to classify the symptoms obtained, and to consider as most important in each individual case, the symptoms indicating the progress of disease in this or the other locality, and the changes or suppression of one or the other function of organs. As an illustration of these propositions, let us turn to a child supposed to suffer from epidemic cholera infantum. We are informed that the child has diarrhea since midnight, but does not give signs of pain; it lies quiet, its eyes are only half closed, the anterior fontanel is elevated, the face is pale, the wrists and feet are cold, and upon further inquiry learn that the child has not passed any urine since the previous evening; the abdomen is flabby, not hot. It would be useless, in such a case to select the remedy guided by the nature of the evacuations. Here we are presented with a decided case of hydrocephaloid, a case of great gravity, possibly to end fatally within one, or at least, a few days; and we further know that should the patient pass urine within a few hours after the administration of the truly homeopathic remedy (Sulphur in this case), the recovery becomes a certainty, and probably without any further medication. Another child has cholera infantum, and cries most persistently, has done so all night, is cutting teeth, and the distressed mother says this screaming has lasted all night; "we have to carry the child all the time to pacify it;" it has frequent green discharges from the bowels, preceded by an increase of pain, causing it to draw up its knees to the abdomen; the abdomen is hot, the thirst incessant: we are sure there is nothing the matter with the child's brain but the seat of the inflammatory disease is in the small intestines. A dose of Chamomilla will soon quiet the child.

In the first case the brain symptoms, with the concomitant suppression of the urinary discharge, stand foremost; in the second case the intestinal symptoms, with the concomitant restlessness and the desire to be carried, stand most prominent.

Knowing that the gravest cases of cholera infantum appear without any previous indisposition, without any precursive diarrhea, probably with no other warning than a little more sleepiness of the otherwise, to all appearances, well child, and that in just such cases all depends on the proper choice of the first remedy, we must be prepared beforehand to choose right, and administer the remedy according to the homeopathic law of cure.

It has been proposed to begin the treatment of these grave cases of cholera infantum, having their origin in a disturbed condition of the brain, by administering Aconite and Bryonia in alternation. As this proposition is a violation of all and every fundamental principle of our school, the result will be a failure to cure. First and foremost, the character of the disease, its locality, or its kind, can never serve as a guide to our therapeutic action. Much less can the administration of two entirely differently acting drugs, as are Aconite and Bryonia, be followed by salutary results; either one or the other can stand in the proper relation as a therapeutic agent under the law of the similars, never both, and why, then, not adhere to the law, and administer the simillimum?

The therapeutics include also the dietetics, and in cholera infantum it becomes very important to see to it that the proper nourishment is given to the children. The better the dietetics of a child have been understood, and the more proper the nourishment has been from its birth, the less liable will it be to be attacked violently by the ordinary diseases of children during the hot weather. There are general dietetic rules for children laid down in the books, and it's all well to know them, but they lead to generalizations; each individual child wants its individual diet, adapted to its individual constitutional condition. The administration of crude substances supposed to be wanting

in the organism is based on "materialism;" the substances so wanting, or supposed to be wanting, can at best only be supplied by food containing them only in a greater proportion than its ordinary nourishment did. The instinct of children will very frequently indicate the requisite nourishment, which then should never be withheld, if it is even contrary to speculative science. In properly nourished children we will rarely ever find a bad case of cholera infantum, and the more we have studied carefully the proper diet of each individual child under our care, the less will they be liable to diseases of the digestive organs. Many cases of children come under the treatment of the physician which he has never seen before, and the more general experience he has gained about the proper diet of children, the easier will he be able to detect what mistakes have been made in each individual case, and he will at once endeavor to correct the erroneous diet.

The erroneous, but generally accepted notion, that children should be nursed during the second summer on account of the prevalence of cholera infantum during that season, causes more cases and is the frequent cause of the great mortality in that disease. There are nine months of gestation, and exactly nine months of lactation (nursing and feeding by the mother's milk). The appearance of the teeth is the first indication that farinaceous food is wanted and it must not be withheld, and as different children cut their teeth earlier or later during the first nine months, farinaceous food should be given as it is needed.

All the dietetics being properly attended to, the chief problem is to find in each individual case the corresponding similar remedy. In grave cases, the choice of a remedy must be made at once, as delay is attended by great danger. It is the aim of these short pages to give characteristic symptoms, and a concise description of frequently occurring combinations of symptoms in this form of disease, with their correspondingly similar remedy.

We shall first give the most frequently indicated remedies, and then those less often called for.

Apis. The child is inclined to stupor, out of which it

starts with a loud, shrill scream. The eyes have a reddish tint. The head is hot. The tongue is dry, but thirst is but seldom present. The skin is dry, the hands at times cold and blue. Suppression of urine. The abdomen is tender to pressure. The diarrhea is worse in the morning, always mixed with mucus, sometimes very offensive or involuntary, or containing flakes of pus.

Belladonna. The child lies in a stupor; it frequently starts up suddenly in its sleep; when awake it is angry and violent. The head is hot, and is often rolled from side to side. The face is generally purple, red, and hot, or very pale and cold. The tongue is red on the edges, or coated whitish yellow, or has two white strips of coating extending down on both sides of the tongue. Thirst moderate, pulse very frequent, small, and hard; occasionally full. Hands and feet cold; the hotter the head is, the colder are the feet. The abdomen is hot. The stools are clay color or green, or consist of white or granular yellow slimy mucus, and very frequent.

Chamomilla. The child is exceedingly peevish; the gums are very hot, the cheeks are red, at times only one cheek; the child wants to be carried all the time; has attacks of colic, draws its knees up, and seems to be relieved for a short time after a passage from the bowels. Vomiting of food and sour mucus. The stools are green, or green mucus at times mixed with white mucus, or chopped; the discharges are hot, excoriating the parts; frequent, sometimes smelling like rotten eggs.

Croton tiglium. The child has a stool as often as it is fed or nurses. The discharge is sudden, noisy, and violent, consisting generally of yellow water.

Ipecacuanha. Diarrhea and vomiting. Vomiting of food and drink as often as one drinks, or vomiting of green mucus. Much nausea, with pale face and oppressed breathing. Stools are of green mucus, or are bloody or fermented.

Natrum sulphuricum. Frequent attacks of violent colic, with rumbling in the abdomen, relieved by the violent discharge of yellow water with large quantities of flatus. The stools are more frequent during the morning

hours, after the child has been taken up and is moved about, like Bryonia.

Podophyllum. Drowsiness or restless sleep, with grinding of the teeth or rolling of the head. Vomiting of frothy mucus, green, or of food. The diarrhea is worse in the morning, and the discharges are more frequent at night than during the day. Stools green, watery or mixed with mucus; or like chalk; profuse and painless. During and after stool, prolapsus ani. During dentition; also catarrhal cough and catarrh of the chest. Cramps of the feet, calves, and thighs.

Sulphur. The disease generally begins after midnight; diarrhea and vomiting; the discharges from the bowels are generally watery, green, and involuntary; they sometimes smell sour, at other times they are very offensive; vomiting is frequent, often smelling sour (like Calcarea); with cold perspiration on the face (Veratrum, cold perspiration on the forehead). The face is pale, the fontanelles open, hands and feet cold the very first morning; the child lies in a stupor with its eyes half open; not much thirst and entire suppression of urine. The child does not scream out violently as under Apis, or roll his head as under Belladonna. In such a case as above described one single dose of Sulphur will suffice to re-establish the urinary secretions and cause the child to sit up again and take food.

Aconite is seldom indicated, and then only at the beginning of the disease, especially when it has been caused by a check of perspiration, mostly during the night, when the weather has changed from extreme heat to cold. The child is excessively agitated and restless, pulse very frequent and hard, abdomen very hot; much thirst; the discharges are watery and contain bloody mucus.

Arsenicum. Diarrhea and vomiting; much thirst for cold water, but everything the child drinks is thrown up at once; hot skin, great restlessness; the child continuously tosses about, changes its position, and cries incessantly. Stools watery and very offensive, or black fluid, or dark, thick green mucus; very great weakness and emaciation.

Benzoic acid. If, during an attack, the urinary dis-

charges become very scanty, and if the urine has a very pungent, strong smell, and if the urine easily becomes turbid.

Bismuth. Diarrhea and vomiting. The vomiting prevails; all food and drink is thrown up at once; the abdomen is bloated, the face is pale, blue rings under the eyes. (Compare Kreosote).

Bryonia. The attacks return as the weather becomes hot, and are relieved on cool days. (Aconite and Dulcamara have the reverse). Vomiting of bile, tongue coated yellow, thirst, not frequent, but drinking of large quantities, (Aconite has the reverse); abdomen hot, the child does not want to be moved, (Aconite has the reverse); every motion causes pain in the abdomen and a discharge from the bowels. Worse in the morning when beginning to be moved.

Calcarea. Open fontanelles; stools gray—like clay, smelling sour; vomiting of food, especially mild, sour; profuse perspiration on the head during sleep; swollen, distended abdomen, (Sacchr. off.); urine clear, (Benzoic ac. has turbid urine), is passed with difficulty, and has a strong, pungent, fetid odor.

Carbo veg. Diarrhea; stools very putrid or bloody; face pale or greenish; the gums recede from the teeth and bleed easily; abdomen distended; emission of large quantities of flatus; skin cold; tongue and breath cold; voice hoarse or lost.

China. Painless watery diarrhea, yellow or blackish or of indigested food; worse after eating (Ferrum has diarrhea while eating), and worse at night and after eating fruit, with much tendency to perspire.

Colocynth. Diarrhea with violent colic before, during or after the stool; compelling the child to bend double, which seems to give relief (the colic of Belladonna is relieved by hard pressure across the abdomen; that of Rhus tox. is relieved by lying on the abdomen).

Kreosote. Diarrhea with vomiting; the continuous vomiting and straining to vomit predominates; the child resists the tightening of anything around the abdomen,

which increases the restlessness and pain; much thirst; gums hot; coldness of the hands and feet. (Compare Bis-muth).

Iris versicolor. Diarrhea and vomiting; vomiting of food, bile or of a very sour fluid; profuse, frequent, watery stools. Tympanitis.

Natrum muriaticum. Watery diarrhea with colic; incessant thirst with nausea; emaciation beginning at or principally on the neck; abdomen bloated.

Nitric acid. Diarrhea, green, mucous or bloody, or putrid; putrid smell from the mouth; copious flow of saliva; ulcers in the mouth and on the tongue.

Paulina sorbilis. Green profuse stools, *inodorous*.

Petroleum. Diarrhea *only* during the day.

Phosphorus. Diarrhea and vomiting; desire for cold water, which is thrown up as soon as it becomes warm in the stomach; diarrhea is worse in the morning; stools consist of green mucus, brown fluid, white mucus, or containing little grains like tallow.

Silicea. Fontanelles open; much perspiration on the head; great thirst; emaciation; rolling of the head; suppressed urinary secretions; watery, very offensive stools. (Calcarea has sour smelling stools).

Sulphuric acid. Frequent, large, watery, very offensive evacuations, with aphæe and great irritability.

Veratrum album. Diarrhea and vomiting; great weakness; vomiting of frothy substance; profuse watery diarrhea, with flakes; during stool cold perspiration on the forehead; pale face; cold hands; voice weak or hoarse; suppression of urine.

If marasmus follows a protracted case of cholera infantum we have two great principal remedies to stay its progress and cure the patient.

Sarsaparilla. Great emaciation; the skin lies in folds; the face is shriveled; aphæe on the tongue and on the roof of the mouth.

Iodine. The child has an inordinate appetite, but nevertheless continues to emaciate.

If effusions on the brain have taken place, then we may

resort to Digitalis, Helleborus, Hyoscyamus, Opium, Zinc, according to their respective indications.

These general indications will enable the practitioner to find the proper remedy in many cases, especially in cases requiring prompt and unhesitating prescriptions. The variety of cases is so great that it is utterly impossible to give a proper prescription for all and every variety of cholera infantum or any other disease.—*Homeopathic Physician, July, 1884.*

[We republish this practical contribution at the request of a valued correspondent, Dr. W. J. Guernsey, and are certain our readers will appreciate it.—ED.]

CASES OF CHRONIC DISEASES--CURED.

THOMAS SKINNER, M. D., LONDON.

CASE I.—Admiral ——, has suffered on and off for some years from renal calculi, at least, so he was told, and now and again and for the last three mornings, *he has passed blood with every stool pretty freely.* Now and again he has had acidity of the mouth of a morning. I was consulted for the above symptoms on February 8, 1887. On the same date I prescribed Nitric acid em (F. C.) to be taken at bedtime dry on the tongue, and there has been an end to all of his symptoms until now, March 18, 1890.

CASE II.—Richard ——, his son, aged 10 years, was brought to my rooms suffering from chronic headaches of *four years standing;* scarcely a day without one. He had been prescribed for by five of the best physicians in London, but without cure or palliation, and in consequence his education was at a stand still. The headaches generally begin about 5 or 6 P. M., front or back, splitting, with nausea and anorexia. They cease as he falls asleep. The forehead is objectively hot, relieved by sponging with cold water. The head is *always* more or less painful. He is emotional and easily moved to tears, and has a strong desire for highly spiced food, pickles, apple cider, and such like.

The medicines indicated are Pulsatilla, Lycopodium, and

Sulphur. Inasmuch as Lycopodium is a treacherous medicine to begin with, I gave him on January 7, 1887, *Pulsatilla* 50m (F. C.) which improved his appetite but nothing more. On January 19, 1887, as the headaches began more frequently about 5 or 6 p. m., I gave him one dose of *Lycopodium* cm, followed by *Sac. lac.* every night, but without any manifest effect up to February 24, 1887, on which date he got *Sulphur* cm (F. C.) one dose on awaking, and *Sac. lac.* every morning (twelve doses) which acted like magic; but as there was slight return about March 17, (St. Patrick's Day) I gave him another dose of *Sulphur* cm, followed by eighteen doses of *Sac. lac.* one every morning, and since then until now there has been no more return of his headaches (March 18, 1890).

March 15, 1887: He has a short, dry, hacking cough; constantly; less at night. He had been foot-ballng the day before the cough came on, caused apparently by checked perspiration, as he is easily made hot and perspiring, for which he got *Phosphorus* 200 (F. C.) twelve globules, one every two or four hours, and to this day, March 18, 1890, he has required no more medicine.

CASE III.—Mrs. —, the wife of said Admiral, has been a martyr to one of the worst forms of neuralgia or prosopalgia I have ever witnessed. She has suffered from it for so many years, she cannot say how many. She has consulted every physician from whom she could expect a chance of relief, but in vain. All she can say, and she said it thankfully, was, that they had done her no harm.

The form of the prosopalgia is, that she feels as if her *right* lower eyelid, from its middle, is drawn or rather being torn down across her cheek as far as the angle of her lower jaw, and this, an excruciating suffering, continues for hours. It comes quickly and it goes quickly, but there is no fixed period of its stay, that, she thinks, depends upon her social surroundings and the general state of her system. Suffice it, that *Belladonna* 20m (F. C.) put an end to it in twelve doses at intervals of one hour. To this day, March 18, 1890, she has had no return, otherwise I should certainly have heard of it. I was consulted by her in March, 1887.

A CASE OF AURUM HEMIOPIA.

A. H. TOMPKINS, M. D., JAMAICA PLAIN, MASS.

The following case was treated in July and August, 1880, and this report of it, with slight verbal changes, is a transcription of a record made August 3, 1880, which was shortly afterward read to the patient and corrected in small particulars by her.

Miss Y. fell about a year and a half since on an icy street, striking on her right side, but not hitting her head. This was followed on the same day by headache, affecting mostly, as nearly as she can recall, the vertex and supra region. Such headaches were almost daily for a week or two, but then passing off were succeeded by disordered vision, consisting of partial sight, with especial tendency to the observation of the lower half of objects. Both eyes were affected, but she found that the left one was more so.

This difficulty was not constant, but came in paroxysms, lasting from a few minutes to half an hour, mostly while reading or when tired from other cause. Until she came under treatment there had been very few days (certainly few during which she had made much use of her eyes in reading or sewing) without one or more attacks of the kind described, and it was not uncommon to have several during the day. There were variations of this horizontal hemiopia. She would, at times, be able to see a more or less circular and small portion of a thing. This would grow in size until it embraced the upper half of the whole of the object. Beside this there were, nearly every day, by spells, yellow spots to be seen darting in all directions before the eyes, but more especially before the left eye. Another appearance was a wavering, as of the atmosphere over heated objects.

After an attack of this kind she nearly always had pain across the forehead very near the eyes, for from half an hour to an hour. No dizziness or nausea. An attack was sometimes preceded by a feeling as if the eye ball was swollen; sometimes only one eye was affected at a time.

Aurum 200 one dose, was followed at once by nearly en-

tire cessation of the hemiopia, notwithstanding an increased use of the eyes in reading. Ten days later there being some slight return, another dose was given, after which for ten days, there was no return whatever. On the tenth day again, after unusually severe use of eyes, the left eye was slightly affected, but there was no succeeding headache as had been the case before, almost or quite invariably.

She is quite sure that the three weeks since she took the first dose of Aurum have been weeks of such exemption from her malady, as she has not known during the last year and a half. So far I have quoted from the original record. At intervals during the last nine years I have heard from or seen this patient—who resides in a distant town—and while she is not free from occasional hints of the former disturbances of vision she continues to date what seemed to her a wonderful deliverance from her affliction, to July 13, 1880. For since then her visual troubles have been hardly more than enough to remind her of what she had passed through before, and for considerable periods together she has no such troubles whatever.

There was one circumstance connected with this case which may or may not be worth relating. The reader shall judge.

Miss Y. at the time when she received Aurum for her hemiopia was the guest of a neighbor and friend of ours, and I, or rather my wife, was consulted, not by her but by her hostess for her, without her knowledge. It seems that the hostess, though knowing something of her guest's visual trouble, had no idea how urgently she needed treatment, till one day observing Miss Y. drop the book she was reading and burst into tears, and inquiring what there was in the book which could move her so, she learned that it was not the effect of a pathetic story which she was witnessing, but the expression of an intense depression of spirits attending a paroxysm of hemiopia.

Now, though Aurum will be found to be a pretty fair simillimum for this case I think, when a comparison is made with the pathogenesy of that drug, it was chosen by

my wife, an amateur in medicine, simply on the strength of finding it standing alone in Suelling's Repertory for "horizontal hemiopia." But that Aurum should have been prescribed in so high a potency as the 200th was probably due to the fact that it was her work and not mine. For I was nine years younger in medicine then and more easily made to forget the evidence of daily facts in the presence of any considerable difficulty in accounting for them, and I had recently read with attention Dr. C. Wesselhoeft's pamphlet, "The Effects of Trituration upon Hard and Insoluble Substances," which carried a strong inference if not conclusion that there could be no medicinal virtue in potencies above the twelfth centesimal. However, ignorance of this treatise was my wife's bliss, whatever may be said of the folly or otherwise of my newly acquired wisdom; and I "allow" as our western brothers say, that it is difficult to account for the effect following the administration of the indicated remedy in this case, in any other way than that it was a proper medicinal effect, without putting a greater strain upon human credulity than would be incurred by the acceptance of this explanation; especially when it is seen that this is, as regards the potency used, but one of thousands of similar reported cases as clear cut and conclusive as this.

At any rate we can agree that a very useful change in the patient's condition followed at once upon the exhibition of a 200th potency of an "insoluble" (?) substance, and I can testify that it was not wrought by rest, by change of diet, or by any intentional influence exerted by any one directly upon the mind of the patient. No placebos were used, no promises of cure made, or appeals to her mind in behalf of Homeopathy or the special remedy employed. We simply all alike awaited the event.

MERCURIUS viv.—When you meet a child with excoriated patches, like islands, on the tongue, you may suspect difficulty with the stomach, "craving for fat," and Mer. viv is the remedy.—W. S. G.

MAGNESIA PHOS.: "A VERIFICATION."

R. M. SKINNER, M. D., OWENSBORO, KY.

Mrs. P., aged forty-two years, of nervous temperament, had neuralgia of face (fifth nerve) for two years. Had all kinds of allopathic nostrums, and I cured her with Magnesia phos. 12x. Her symptoms were a tearing, lancinating pain, relieved by *external application of warmth*.

It is almost specific for all neuralgias of the face.
[When the symptoms call for it.—Ed.]

A GOOD PHYSIC.

While in Ludington, Mich., we found malaria in several forms, in fact, few chronic patients but had had or was having, some trouble with chill or periodicity in the symptoms. Mr. J. W. L., farmer, aged twenty-nine years, had been treated about three months by an Allopath and then an Allo-Homeopath for chills and fever, and had been cured (?) but he does not feel so well since.

Has an enlarged spleen which feels heavy when he walks or rides.

On percussion spleen seems about the size of a dinner plate, and sensitive. Is very much troubled with constipation, goes four or five days without a passage and this is what he wants cured. Abdomen distended, hard, especially in right ileo-cecal region. Asked him how his left side felt, he said it "felt cold and a crawling feeling like a cold snake," and also a beating in region of umbilicus, seemed as if his heart beat there. I had no disposition to look up all his symptoms as I had made over twenty calls for malarial cases the day before and had lost sleep besides, so turned to Lippe's Repertory, and under abdomen found "crawling in abdomen," Camphor or Croton, Magnesia mur. I gave him Magnesia mur. 30, one dose on his tongue, and requested him to call next morning. He came back at 9 A. M. and said, "Doctor, that medicine almost killed me, I went out about 8 o'clock last evening and sat on the seat until 3 o'clock, except about an hour that I was in my

room." He certainly did look very thin and tired. Gave him Sac. lac. for one week and when he returned, driving to town with a load of wood about ten days after, had nothing to complain of; spleen seemed normal in size, no tenderness, felt well.

PROPER NAMES IN MEDICINE.

The following list is translated from *La France Médicale*:

Addison's keloid.....	Morphea.
Addison's disease.....	Bronzed skin.
Alibert's disease.....	Mycosis fungoid.
Aran-Duchenne's disease..	Progressive muscular atrophy.
Astley Cooper's hernia.....	Crural hernia with multilobal sac.
Aagyll Robertson's sign....	Absence of pupil reflex.
Basedow's disease	Exophthalmic goitre.
Bazin's disease	Buccal psoriasis.
Beclard's hernia.....	Hernia opposite the saphenous orifice.
Bell's palsy.....	Paralysis of the 7th pair.
Bell's spasm.....	Convulsive facial tic.
Bergeron's disease.....	Rhythmic localized chorea.
Boudin's law.....	Antagonism of paludism and tuberculosis.
Boyer's cyst	Sub hyoid cyst.
Brown-Squard's syndrome.	Hemiplegia, with hemianesthesia of the other side.
Cazenave's lupus.....	Lupus erythematosus.
Charcot's disease.....	Ataxic arthropathy.
Chareot's disease.....	Lateral amyotropic sclerosis.
Cheyne-Stoke's respiration.	Uremic respiration.
Clequet's hernia.....	Pectineal hernia.
Colles' fracture.....	Fracture of the lower end of the radius.
Colles' law.....	Non-infection of the mother by her syphilitic child.
Corrigan's disease.....	Aortic insufficiency.
Corvisart's facies.....	Asyolic facies.
Cruveilhier's disease.....	Simple gastric ulcer.
Donders' glaucoma.....	Simple atrophic glaucoma.
Dressler's disease.....	Paroxysmal hemoglobinuria.
Dubini's disease.....	Electric chorea.
Duchenne's disease.....	Locomotor ataxy.
Duchenne's palsy.....	Pseudohypertrophic palsy.
Duhring's disease.....	Dermatitis herpetiformis.

Dupuytren's disease.....	Retraction of the palmar aponeurosis.
Dupuytren's hydrocele.....	Encysted hydrocele.
Erasmus Wilson's disease.....	Generalized exfoliative dermatitis.
Eichstedt's disease.....	Pityriasis versicolor.
Erb's palsy.....	Paralysis of the roots of the brachial plexus.
Erb Charcot's disease.....	Spasmodic tabes dorsalis.
Fonchard's disease.....	Alveolo-dental periostitis.
Friedreich's disease.....	Hereditary locomotor ataxy.
Gerlier's disease.....	Paralysant vertigo.
Gilbert's pityriasis.....	Rosy pityriasis.
Gibson's hydrocele.....	Hydrocele with voluminous hernia.
Gilles de la Fonrette's disease.....	Motor inco-ordination, echolalia and corporlalia.
Goyrand's hernia.....	Inguino-interstitial hernia.
Graves' disease.....	Exophthalmic goitre.
Graefe's sign.....	Dissociation of the movements of the globe of the eye and of the upper eye lid.
Guyon's sign.....	Renal ballottement.
Harley's disease.....	Paroxysmal hemoglobinuria.
Heberden's rheumatism.....	Rheumatism of the smaller joints, with nodosities.
Hebra's disease.....	Polymorphous erythema.
Hebra's pityriasis.....	Chronic pityriasis.
Hebra's prurigo.....	True idiopathic prurigo.
Hedoch's purpura.....	Purpura with intestinal symptoms.
Heselbach's hernia.....	Crural hernia with multilobular sac.
Hippocrates' facies.....	Agonized facies.
Hodgkin's disease.....	Adenitis.
Hodgson's disease.....	Aortic atheroma.
Huguier's disease.....	Uterine fibro-myoma.
Hutchinson's teeth.....	Syphilitic teeth.
Hutchinson's triad.....	Syphilitic teeth, interstitial keratitis, otitis.
Jacob's ulcer.....	Chancroid.
Jacksonian epilepsy.....	Partial epilepsy.
Kaposi's disease.....	Xeroderma pigmentosum.
Kopp's asthma.....	Thymic asthma; spasm of the glottis.
Kronlein's hernia.....	Inguinal, propriertoneal.
Liennec's cirrhosis.....	Atrophic cirrhosis.
Landry's disease.....	Acute ascending paralysis.
Langier's hernia.....	Hernia across Gimbernat's ligament.
Leber's disease.....	Hereditary optic atrophy.
Levret's law.....	Marginal insertion of the cord with placenta praevia.

Littre's hernia.....	Diverticular hernia.
Ludwig's angina.....	Subhyoid infectious phlegmon.
Malassez's disease.....	Cystic testicle.
Meniere's disease.....	Labyrinthic vertigo.
Millar's asthma.....	Stridulous laryngitis.
Morand's foot.....	Foot with eight toes.
Morvan's disease.....	Analgesic paresis of extremities.
Parrot's disease.....	Syphilitic pseudo-paralysis.
Parrot's sign.....	Dilatation of the pupil on pinching the skin.
Paget's disease.....	Pre-cancerous eczema of the breast.
Paget's disease.....	Hypertrophic, deforming osteitis.
Parkinson's disease.....	Paralysis agitans.
Parry's disease.....	Exophthalmic goitre.
Pavey's disease.....	Intermittent albuminuria.
Petit's hernia.....	Lumbar hernia.
Pott's aneurism.....	Anastomotic aneurism.
Pott's fracture.....	Fracture of the fibula by divulsion.
Pott's disease.....	Vetebral osteitis.
Raynaud's disease.....	Symmetrical asphyxia of extremities.
R-eclu's disease.....	Cystic disease of the breast.
Richter's hernia.....	Parietal enterocele.
Rivolta's disease.....	Actinomycomis.
Romberg's sign.....	Unsteadiness of ataxics in darkness.
Romberg's trophoneurosis.	Facial hemiatrophy.
Rosenbach's sign.....	Abolition of abdominal reflex.
Salaam, tic de.....	Convulsive salutation.
Soemisch's ulcer.....	Infectious corneal ulcer.
Storek's blenorhoea.....	Blenorrhea of the upper air passage.
Stoke's law.....	Paralysis of muscles subjacent to inflamed serous or mucous membranes.
Sydenham's chorea.....	Common chorea.
Thomsen's disease.....	Muscular spasm at the beginning of voluntary movements.
Tornwald's disease.....	Inflammation of Luschka's pharyngeal gland.
Velpeau's hernia.....	Crural hernia in front of the vessels.
Volkmann's deformity....	Congenital tibio-tarsal luxation.
Wardrop's disease.....	Malignant onyx.
Weil's disease.....	Abortive typhus with jaundice.
Well's facies.....	Ovarian facies.
Werlhoff's disease.....	Purpura hemorrhagica.
Westphal's sign.....	Abolition of patellar reflex.
Willan's lupus.....	Lupus, tubercular in form.
Winckel's disease.....	Pernicious cyanosis of new-born infants.

—*Medical Times.*

VARIOLA: CASES FROM PRACTICE.

SAMUEL SWAN, M. D., NEW YORK.

Boy, six years old, previous health good, was taken with a severe chill, followed by high fever, severe pain in the back as if broken, pain all over the head, but very severe and constant in occiput, frequent bilious vomiting, thick, dirty, yellowish coating on tongue, wild delirium and spasms. The night before the eruption appeared, obstinate constipation. In about two days after commencement of attack, a very thick eruption of small pox pustules appeared, which soon assumed the confluent form. After the appearance of the eruption, Variolinum cmm was administered for one day, when at the request of other patients, he was turned over to the city physician (Allopath) who put him on regular (?) treatment. At the end of the ninth day there was every appearance of the near approach of death, and the physician left the house, saying he could do nothing more for him. A few powders of Variolinum cmm had been given to the boy's parents, with instructions, if such a crisis should arrive, and the case declared hopeless, to dissolve a powder in one-half tumbler of water, and give a teaspoonful every fifteen minutes until improvement should appear. In fifteen minutes after the first spoonful, there was improvement, and in an hour the child was comparatively easy, and from that time made steady improvement till well. The rest of the family was given an occasional dose of Variolinum cm and all had an eruption of vesicles lasting three or four days, with some fever, but none had small pox.

(NOTE.—The cmm is most efficacious in small pox.—S.)

H. C. MORROW, M. D., Sherman, Texas.

CASE II.—Man aged 23 years. Shipmate had small pox. Patient was taken with terrible pains in the back on right side of spine and over and below shoulder blade; muscles sore to touch, nausea, pains all over, especially in legs. I was called April 21st, learned that an Allopath had diagnosed constipation and had prescribed seven blue pills. I found tongue clean, pulse 120; gave Variolinum cm.

On the 22d eruption appeared. Body completely covered with large pustules, face one mass of confluent pustules, pulse still high, constant expectoration of viscid mucus, mouth and fauces lined with pustules, and even the tongue covered with them; bowels constipated, mild delirium at times.

May 1: Temperature $104\frac{1}{2}$; pulse 120, very weak and stopping at intervals; great fear of death; begging to know if he must die, and before the sentence was completed would drop into a heavy sleep with stertorous breathing, jaw dropped on his breast, pupils contracted, teeth covered with thick brown slime, centre of tongue perfectly black, mucous membrane of mouth and pharynx of a deep purplish crimson, with gangrenous appearance, and breath horribly offensive. Skin of face and neck of a deep dark purple; odor from body like a fetid steam; little control over tongue or jaw; the latter hanging down, and tongue protruding like a mass of decayed liver when asleep. An effort to speak when roused up caused violent trembling of the jaw and tongue, which was drawn back into mouth with difficulty, was stiff, but looking like a mass of putrid flesh. Urine dark colored, passing freely through the whole attack. Had continued the cm till now, and supposed there was no possible hope, but by advice gave one dose of Variolinum cmm dry on the tongue.

May 2: Called with another physician, expecting to find patient dead, but found him almost convalescent. Temperature $100\frac{1}{2}$, pulse normal, moderately strong, skin and mucous membrane almost natural color—mind clear, patient wide awake, rather talkative, and anxious for beefsteak—black color of center of tongue changed to brown, and the swelling and stiff dryness gone. Continued to improve, and on May 25th went out.

June 12: Called at office perfectly well. End of nose and spot on forehead pockmarked, elsewhere spots red but no pocks.

K. I. COCHRANE, New York.

Similar results have been obtained in severe cases of measles with Morbilin, and in scarlet fever with Scarla-

tinin, showing that the poison that caused the disease inheres in the morbific product of the disease and when highly potentized cures.

The various symptoms that have been shown in the two cases quoted have been cured when the disease did not appear: thus in intolerable pain in occiput with backache was cured by Variolinum cmm. A severe sore throat with deep redness, which extended to the roof of the mouth with fine miliary eruptions, was promptly cured with Scarlatinin cmm.

MAMMARY TUMOR: CURED.

L. HOOPES, M. D., WEST CHESTER, PA.

On November 18, 1875, Mary Yocom, aged about seventeen years, consulted me with regard to a tumor in her right breast. About eight or nine months previously she had consulted two prominent allopathic physicians for the same trouble and they had pronounced it scirrhus, and removed it by means of some kind of plaster; but it had promptly returned, and when she came to me it was about the size of a guinea egg, hard and somewhat nodulated. It was located just above the nipple and she complained of stinging, aching pain, which was worse after handling, from want of support, and at night; pain running from the tumor down the arm to the fingers when using the arm. The tumor was adherent to the skin which was bluish and covered with a net work of blood vessels. In fact it corresponded very closely to the description of scirrhus given in Erichsen's Surgery. I put her on Conium 200, a dose three times daily, for two weeks, when she felt some better, and the tumor slightly smaller, less pain in arm, but shooting, stinging pain in the tumor, worse evening and night, and feels much better in the open air. Gave Sac. lac. for a week, at which time, the symptoms remaining about the same, I gave her Pulsatilla 30 three times daily. Returned in a week much better. Continued Pulsatilla 30, three times daily, for a week, when the tumor was much smaller and very little pain. Pulsatilla 200 three

times daily, for a week. When she returned she had taken cold and the breast was swollen and sore, but thinking the swelling and soreness an aggravation of Pulsatilla, I gave her Sac. lac. for a week, when she returned much better and I continued Sac. lac. a week longer. During part of this week she had some pain which she had not had for several weeks. Pulsatilla 200 three times daily, for a week. This was the last time I prescribed for her. Two weeks after her father reported her well and no sign of the tumor remaining.

A letter from her father about one year ago, July, 1888, stated that she remains well, now twelve years, and that she is married and has three children.

QUERY: What did I cure? I presume it was not a cancer because she was so much below the age when cancer is likely to appear. But I think it was a malignant growth, because of its quick return after being removed by the "drawing" process.

This case demonstrates that a retrograde metamorphosis and absorption of growth can be produced by the removal of the constitutional dyscrasia, through the action of the indicated homeopathic remedy in a high potency. But upon reviewing this case after thirteen years, I feel satisfied that I gave a great deal more medicine than was necessary for the cure, and yet the cure was good and permanent.

RHUS AND NATRUM MUR.

J. A. TOMHAGEN, M. D., BURNSIDE, KY.

CASE I.—Mrs. Ellen C., aged 30 years. Large, fleshy brunette. Married, but no children. Complains of pain in the apex of left shoulder, which extends to thumb, index, middle and inside of ring finger. She describes it as a constant aching. (There is no pain in little finger nor outside of ring finger). This pain is < on lying in bed, and > by rubbing and motion of arm. "I can hardly sweep in the morning, but when I am about through, I can go ahead all right."

There is also stiffness of the fingers involved.

October 14, 1889: Rhus tox. 45m dissolved in five tablespoonfuls of water, and a spoonful to be taken every two hours till worse or better.

October 15: Patient came to the office this morning to let me know that she slept well last night, the first time in a week. She took only three spoonfuls of the medicine when she went to sleep. Continue, on Sac. lac.

October 17: Considers herself well, with the exception of a slight soreness in the ends of the fingers, which vanished without any further medication.

Prof. Kent, my preceptor, who rescued me from the slums of empiricism, taught me that when a remedy had satisfied the demands of nature, it became dissimilar, and hence of no benefit to the patient. Sac. lac. I find the best medicine after improvement sets in.

CASE II.—April 21, 1889: Mrs. P. H., aged 21 years; married. Has been sick with chills and fever one year, and taken a large quantity of quinine.

Chill at 11 A. M. and lasts till 1 P. M.

Fever lasts till late in evening.

No sweat.

Legs, knees and hips ache before chill.

Great thirst during chill and vomits the water drank.

Bitter vomiting at end of chill, (Eupatorium perf.).

No thirst during heat.

Headache during fever; steady, aching pain, in occiput.

Chill begins in hands and feet.

Good appetite.

Dragging down in hypogastrium when lifting anything.

Great aching in back and limbs as if back would break.

Natrum mur. cm, one powder to be dissolved in a half glass of water, and a tablespoonful taken every two hours, till better or worse, commencing when the heat has subsided. Sac. lac. to be continued till I see patient again.

May 5: Considerably better. Sac. lac.

May 24: Still improving. Sac. lac.

June 16: "Feels as well as she ever did."

Sac. lac. for two weeks longer.

Patient remains well to this date.

NECROSIS OF THE SUPERIOR MAXILLARY AND CURE.**A. C. HERMANCE, M. D.**

On May 31, 1888, Lizzie R., a German child, six years of age, was brought to my office for treatment, with the following history: Some two or three months previous, she was taken with what her physician—an Allopath—called scarlet fever, which he immediately proceeded to "abort," and soon after the left side of the face—inferior maxillary region, involving the parotid gland—began to swell, the pain being very severe and continuous. The same physician was called, who immediately lanced the swelling inside the buccal cavity. The mother says there was no pus whatever, nothing but blood from the incision. This gave no relief; it was then decided she must have toothache and two molars were extracted. Still no relief. The swelling continued to increase, and soon after pus began to exude from the dental cavities. Another physician of the same school was then consulted, who gave no diagnosis but began treatment by topical applications of various kinds. The patient continuing to get worse, a consultation was held, when it was decided the child had necrosis of the inferior maxillary, and there was but one course to pursue, viz., operate immediately, removing the dead bone. The mother not liking the idea, wanted a little time to consider. In the meantime she was advised by a friend to take the child to a Homeopathist, as they did not do so much cutting, and the day on which the operation was to take place she was brought to my office. Upon probing I found the horizontal portion of the left lower jaw quite rough, and removed a small spicula which protruded through the gum on the external side of the jaw. The last molar on that side was in place, but on touching it with the probe it offered no resistance and began to sink. Taking the dressing forceps I was enabled to pick the tooth out and found nothing left but the alveolar process; it was simply sitting in a little pocket of pus. There was no mistaking the diagnosis of necrosis. I gave an unfavorable prognosis to the extent of

being able to cure the case without a radical operation, but agreed to do what I could for the child. Being unable to get symptoms I put her on Phosphorus 6x, one dose a day, on general principles, keeping the mouth well rinsed with warm water. After continuing Phosphorus for two weeks without any apparent benefit, and the patient now complaining of considerable pain, Silicea 6x was substituted, which had the effect of relieving the pain and promoting a more profuse suppuration, also reducing the swelling of the gum and exposing the diseased bone. Small spicule of bone were exfoliated from time to time which were easily removed with the dressing forceps. The patient was kept upon Silicea until November 21, 1888. A very large sequestrum having forced its way out, interfering with the act of mastication, and the bone being quite loose, I decided it was time to remove it. With the assistance of Dr. Brownell we gave an anesthetic and removed sequestrum in two pieces, one measuring one and three-quarters inches in length. From the shape of this fragment it was in my opinion the ramus, or a portion of it, including the condyle of the lower jaw. The wound healed rapidly after the operation, there being little if any discharge. On January 1st I saw the patient and found the swelling fast disappearing, the bone entirely healed and covered with the gum, no pain or sensitiveness remaining. In fact she was chewing peanuts on that side of the mouth. She now has full motion of the jaw with no lateral deviation whatever. In my opinion there are two questions of equal importance, though differing decidedly in their nature, for our consideration. One concerning the cause and treatment of the trouble; the other being of interest in a surgical point of view. As to the former there is no doubt in my mind that the diseased bone was caused by the suppression of the fever the swelling having immediately made its appearance after the fever was abated. Then the lancing of the same, even before suppuration had begun, undoubtedly aggravated it. Had the proper homeopathic remedy been given in the beginning, this child never would have had necrosis, although the fever may have run its course.

There would have been no sequale. The Silicea separated the dead bone and stayed further progress of the disease. The child suffered no pain after taking it, and had she received the remedy earlier in the disease there would have been very little if any diseased bone. As to the second question I would ask, is it possible to remove the condyle of the inferior maxillary and still have no deformity and perfect motion of the jaw?

CLINICAL CASES.*

TRANSLATED BY A. MCNEIL, SAN FRANCISCO.

Dr. Ide, of Stettin, Germany, reported the two following cases:

CASE I.—Frau B., aged sixty-five years, suffers from chronic bronchial catarrh with emphysema of the lungs. The exacerbations of her disease are accompanied by great weariness and sopor, then followed for a period, sometimes as much as fourteen days, of slight attacks of bleeding of the nose, after which there is more cough attended by the secretion of much mucus in the chest, so that she cannot sleep on account of the rattling in the lungs, and breathing becomes difficult. The nosebleed ceases as the catarrhal condition becomes established.

February 16, 1886: She received Kali carb. 15 cent., five powders, after which her health became good.

During the last of March there recurred some cough with oppression of the chest accompanied by great weariness. Kali carb. 15 cent. soon removed this condition.

In November of that year she again suffered from asthmatic complaints which robbed her of sleep, accompanied by cough with mucous expectoration which was only raised with difficulty. *Always when eating she was so weary that she fell asleep* and could not finish her meal. After eating she was still very tired. In the morning passage of much flatus. Two doses of Kali carb. 10, sufficed to remove this condition in a few days.

* From the *Allg. Hom. Zeitung*.

During the last of March, 1889, the asthma again returned, after taking cold, with exacerbations of cough at night. This time the difficulty of respiration came more in paroxysms, suddenly, and awakened her at night out of sleep. (The hour was not mentioned). Expectoration more easy. Loss of appetite and also vomiting. *No weariness.* Kali carb. was again administered but availed not, but Arsenicum 15 cent. did in a very short time.

In this same woman Kali carb. demonstrated its efficacy in another class of symptoms, viz., toothache, which alternated with tearing, stitching pains in the left breast and *under the left false ribs.* The pains in the side were less severe in the day than at night, and even particularly aggravated *in the evening as soon as she lay down.* They were aggravated when *lying down*, but particularly *when lying on the right side* and when lying on the *painless side.* Motion nor pressure did not aggravate and the stitches were independent of cough or respiration.

This case verifies many symptoms of Kali carb. I emphasize the symptom, *sleepiness during and after eating.* This symptom is not found in "Hering's Condensed."

Lippe (C.) mentions for this symptom only Kali carb. Trinks and Müller put Kali carb. in the first rank, and besides, Bovista, Phosphorus and Pulsatilla. But Bovista has weariness particularly after eating, and Phosphorus has sleepiness during the *pains in the stomach* which are caused by eating; on the other hand, Pulsatilla has in the middle of the midday meal irresistible attacks of sleepiness. Then the pains in the chest, particularly the stitching ones under the left false ribs, worse when lying, particularly when lying in bed in the evening, by lying on the right side and on the painless side. Kali carb. here resembles Aconite, Arnica, Bryonia, Phosphorus, Pulsatilla and Sepia. But Aconite has aggravation by lying on the painless side and the stitches arise from breathing, coughing and moving. Arnica, Bryonia, Pulsatilla and Sepia have in common with Kali carb. aggravation from lying on the healthy side, but they are differentiated thereby that their

pains are not constant, but arise from moving, coughing and breathing. Phosphorus has aggravation from lying on the left and on the diseased side.

CASE II.—In the following case of prosopalgia a characteristic symptom led to the right remedy and thereby a rapid cure.

A civil official, 67 years old, was attacked in Berlin in June, 1888, at first by a few painful twinges in the left side of the face, which returned after the use of wine and acids. After eating pickled cucumbers a violent attack first occurred of left-sided facial neuralgia, which often returned and with increased violence. Many things were employed, among others morphine, antipyrine, arsenic, electricity, and also six unoffending teeth were extracted, but all without result. First after phenacetin, a tolerably free period set in from the last of September, lasting till the end of November. Then the violent attacks were renewed for which phenacetin was unavailing; electricity acted only to palliate but did not cure. Since February 8, 1889, the paroxysms of pain were unendurable.

They begin on the left side of the nose and in the neighborhood of the (extracted) eye tooth, shoots to the exterior of the left side of the nose, into the left lower eyelid and into the left temple. The pain is of the most violent, boring and stitching character, as if a thousand red-hot needles were flying like lightning over the affected surface, and interrupted by electric-like shocks. These attacks last ten or fifteen minutes. The pains come suddenly and continue with violence and then cease gradually. Pressure, touch and even the slightest contact aggravate, and even *the approach of anyone, on account of the fear of being touched*, aggravates. The patient himself does not dare to touch the affected part, nor even his beard, and he showed the extent and location of the pains by passing his finger tips at the distance of an inch over the seat of the neuralgia. Noise aggravates and also cold; and eating excites an attack and also drinking cold drinks. He dare not lie down, more particularly on the left side. The patient sits as rigid a statue during the paroxysms, with

open mouth, and whines and cries from the pain. During the attack the hands are cold, head hot and the face red and hot. The eyeballs are very much injected, the eyelids are much swollen and red, and even the lips are swollen and there is perceptible below the left eye a great deal of twitching. There is a feeling as if asleep, in the scalp covering the occiput. On account of fear of an attack he has not for a long time gone to bed till after 3 A. M., being so extremely anxious, and then he does not lie down but tries to sleep while sitting, and then does not dare to touch himself for fear of exciting an attack. Probably for these reasons there is much edema of the feet and legs below the knees.

I gave him on February 22, 1889, a powder of Arnica 30 cent. containing pellets.

February 23: No violent attacks, only every three or four hours slight pains. Severe burning in the eyelids and balls. But he did not venture to go to bed till 3 A. M. Sac. lac.

February 25: No attack early yesterday forenoon; at half past 10 some "snaps." The scalp and the skin on the forehead as if asleep. Sac. lac.

February 28: On the 26th he had two attacks of pain. This morning when biting on a roll slight intimations of pain; scalp feels as if dead.

March 3: He felt well on the 1st, but yesterday and today at times painful twitches and now stitches in the eyes, with lachrymation, redness of the conjunctiva and a sharp, cutting and jerking pain. One dose of Arnica 10, dry on the tongue.

March 5: Day before yesterday once, and yesterday twice, painful jerking, and last night slept from 12 till half past 1, sitting up in bed. Sac. lac.

March 8: Sleeps now the entire night in bed, has appetite, can chew without bringing on pain, and only in the morning perceives a slight twitching. Sac. lac.

March 11: The last day or two not a single twinge. The skin on the left side of the face and of the forehead is scaling off and the eye brows are falling out, not only on

that side but also on the right side. He convalesced without further treatment and without interruption.

July 8: The patient again consulted me. A short time ago he made a very hot and dusty journey by rail, whereby his eyes became inflamed, and in the last five days a stitching pain in the left side of the forehead has accompanied it, which occurs in the morning on rising, and in the evening about 7 or 8 o'clock, during which he is again afraid to touch.

Dr. von Villers reported a case of paraplegia urinaria which was caused by the use of large quantities of Lycopodium used as an infant powder in a child of two years. After the ineffectual administration of other drugs he cured with Camphor. That it is a homeopathic remedy in such troubles may be seen by referring to the *Materia Medica*. Its property of antidoting many drugs should also be taken into consideration. That Lycopodium used as an infant powder may cause violent renal and cystic complaints many can confirm by experience.

The doctor also reported a case of lead poisoning which was perfectly cured after continuing seventeen years, by high potencies of Plumbum, which was a new evidence of the frequently observed power of the high potencies, especially of the metals, to cure the poisonous effect of massive doses of the same drug.

Dr. Max Korteum, physician-in-chief of the City Hospital at Schwerin, Holstein, reported a case of necrosis of the first phalanx of the thumb with loss of half of that member, occurred two months after it was healed by bandaging with a very strong solution of the acid (one tablespoonful of the liquified Carbolic acid in a small glass of water). But it is not alone by such strong solutions that similar destructive effects may be caused, but according to the doctor by one or two per cent. solutions. Recently a patient went to his clinic who had bandaged his hand with a two per cent. solution of Carbolic acid. The skin had in consequence turned black and sloughed off by mortification, with large blisters. According to his experience the bad effects arose from bandages moistened with the solu-

tion on the fingers or toes for long time. The acid in watery solution was absorbed by the sound skin and acted as a nerve poison.

Dr. Haupt, of Soden, saw four years ago the wife of a barber who practiced quackery. She lost two phalanges of her index finger by Carbolic acid necrosis. The barber had advised that bandages moistened by a Carbolic acid solution prepared by himself be applied for two days for a trifling cut. When Dr. Haupt saw the patient the finger was as it were carbonized and nothing remained to be done but to amputate it.

[It is to be hoped that homeopathic surgeons who have been using this dangerous drug in more concentrated solutions than the above will take warning and return to their own remedies, which are more useful and destitute of all dangerous consequences.—TRANS.]

ACROSTIC: ARSENICUM ALBUM.

JAS. HENDERSON, M. D., BAD AXE, MICH.

A is for Arsenicum, acrosticly defined;
R is for the restlessness you're always sure to find.
S is for sensations that the patient can't explain;
E emaciation marks; great weakness, burning pain.
N is for the nervousness, peculiar to the case,
I for inflammation with his fellows keeping pace.
C is for cachectic look, pale, yellow, deathly, sad.
U for ulceration stands, gangrenous, fetid, bad.
M for mental anguish and delirium at night
A for great anxiety, a sad and tearful plight.
L the leucorrhea suits, thick, yellow, hot, profuse,
B is for the burning, that she sooner would excuse.
U will do for urine, scalding, scant, involuntary,
M I'll make for midnight; aggravation 1 to 3.

CHAMOMILLA will often relieve the patient suffering from the nervous storm incident to the discontinuance of Morphia sul.

Materia Medica.

SEPIA.

W. O. JACOBI, M. D., CHICAGO.

A few days ago, our Eddie, aged 21 months, climbed up to the medicine case, and prescribed for himself; and when we caught him, had eaten nearly an ounce of Sepia 30, pellets. In about five days there came an eruption on the right temple, fine, pink, scaly, in an irregular circle about the size of a dime, which increased in size and the centre became clean.

About same time eyes became watery, conjunctiva at first yellow, and the next morning lids were closed with a mass of yellow-green, hard pus and had to be soaked open. Through the day some creamy yellow pus with profuse tears, conjunctiva slightly reddened and iris darker color with pink zone at sclero-corneal border on one side; pupils dilated, no photophobia. Thinking effects would pass off by next day did nothing. Next morning same, with more redness and tumid lids; several large granulations about the size of mustard seeds at outer angle of lid, gradually growing smaller toward inner angle; lids dark red. Painted the lids at once with Argentum nit. four grains to ounce, once only (which he did not seem to feel) and gave Argentum nit. 30 internally, one dose, on which he is rapidly improving.

A case of sore eyes with no photophobia or sensitiveness of the conjunctival surface.

ALUMINA: A PROVING.

W. M. FOLLET, M. D., SENECA FALLS, N. Y.

Mrs. M—, aged 50, of medium height, very plump, black hair and eyes, consulted me for the following symptoms: Great dryness of mouth, throat, lips and nose. Dry, hacking cough coming on about 5 o'clock every afternoon

and continuing until bed time, sleeps well at night. In morning, after rising, has a coughing spell; after raising a little tough mucus feels better, in fact, has no more cough until afternoon again. Bowels never move but once in two days, a great deal of urging, although feces of normal consistency. Alumina 3x, powder every two hours until better.

Did not see the patient again for three days when she reported that after taking a few of the powders all symptoms disappeared except an occasional cough; but kept "right on" taking the powders until "all gone" at intervals of three hours. The following symptoms were produced which seem to be a proving of the drug:

Great dryness of mouth and throat.

Burning in the eyes; eyeballs feel very dry.

Eyelids feel very stiff.

Tightness across bridge of nose, nose dry, inside sore.

Frontal headache, dull pain.

Lips feel full, hot and dry; keeps wetting them.

Palms of hands and soles of feet burn.

Great dryness of skin.

Burning of skin across face.

Had an aching across hips.

Bowels very much constipated.

Sleep disturbed by dreams of the dead, which made her very low spirited with inclination to weep during the day.

I assured the patient that these symptoms would soon pass off and no need of taking any more medicine. Saw her the next day, nearly free from all symptoms.

LOOSE STOOLS OF BERBERIS.

JOHN L. FERSON, M. D., PITTSBURGH.

The first condition to consider is a "profuse, acrid, watery diarrhea," which is found in Hering's *Materia Medica*, under section 46, instead of where it belongs.

The "guiding symptoms" give "painful diarrhea with rumbling, sense of burning and pain in descending colon;

burns down and out at anus; never at night." In neither book is the color of such stool given; and although I have searched in everything available I can nowhere find it except in the record of a case given in the *Hahnemannian* for July, 1882, by Dr. W. F. Laird, of Augusta, Maine, cured by Berberis, in which the stool was "painless, watery, clay colored and offensive." The characteristic urinary symptoms of Berberis being present, led to its selection, and all symptoms speedily yielded to the 200 potency. Jaundice is usually present where Berberis is indicated. The "burning and pain in descending colon; down and out at anus," if present would clearly indicate Berberis, as the drug for the case.

Arsenicum, Cantharis, Iris, Muriatic acid, all have burning at the anus with diarrhea.

Arsenicum.—The burning may involve all of the stomach, abdomen, rectum and anus, but the stools are dysenteric in character. The watery stools of Arsenic being painless.

Cantharis.—The burning, as with Arsenic, may extend through the entire intestinal canal. The severity of the symptoms, and dysenteric character of the stools serving to exclude Berberis from consideration. Both these remedies act on the urinary apparatus, but a careful effort will make an easy distinction between them.

Iris.—has an intense burning at the anus as if on fire, and like the two preceding remedies it is likely to extend through the intestinal canal.

Muriatic acid has burning at the anus, which seems, unlike other remedies just mentioned, to extend no further.

The character of the watery stool with *Arsenicum* is dark, black, or yellow.

Cantharis, yellow or brown.

Iris, yellow tinged with bile.

Muriatic acid, color not given.

None of those given have a stool at all similar in appearance to that of Berberis, presuming that to be clay color.

Arsenicum, besides Berberis, has offensiveness of stools.

Berberis stool is acrid.

Arsenicum and Iris are corrosive.

Cantharis is corrosive, at least the dysenteric stool is.

The term "clay colored" as applied to stools is too indefinite. It is applied to stools which show a deficiency of bile, and are pale; but it is possible to state the color of stools more exactly, and it should always be done.

Berberis. — "Large, pappy, free stools, mostly with tenesmus before and after."

"Several copious, thick, mushy stools."

"Diarrhea; mushlike, yellowish discharge, with rumbling and passing of wind; squeamishness, much thirst; heat in face and dulness of head; afterwards in evening, increased appetite."

Other remedies having fecal diarrhea are Agaricus, Aloe, Colocynth, Fluoric acid, Gelsemium, Chelidonium, Iris, Myrica, Ptelia.

Agaricus. — "Thin, yellow, fecal, slimy, pappy, with cutting in the abdomen, and much wind. Passes much inodorous flatus." This stool is very similar to that of Berberis in color and consistency. It contains slime which is not present in the Berberis stool, and the stool is more free in quantity than Berberis. The stools of Agaricus are preceded and accompanied by pains in the abdomen, cutting and pinching in character, and are followed by smarting in the anus. The tenesmus present under Berberis is not present under Agaricus. There is free passage of flatus with both remedies, being inodorous with Agaricus, as a rule, although it may be odorous; when so it smells like garlic. Berberis has rumbling in the abdomen; Agaricus, fermentation. Thirst is present with both remedies; burning thirst with Agaricus; dryness of the mouth with Berberis. Both have white coating on the tongue; but under Berberis it is slimy.

Aloe has a fecal diarrhea described as being "yellow, pappy." Such a diarrhea is produced by Aloe as its primary action, the more severe conditions developing later. Where Aloe is indicated in such a condition, a peculiar, weak, uncertain feeling of the sphincter ani, which makes

one dread to pass flatus or urine, for fear there should be an escape of feces, is always present, and makes its choice easy. Draw up as one may there is still that lax feeling in the anus.

This remedy must be thought of, so far as its time of aggravation is concerned, with Sulphur, Rumex, and Kali bich., *i. e.*, from 3 to 5 A. M. At this time the Aloe patient awakes with an imperative urging to go to stool; not so much an urging either, as the feeling from weakness of the sphincter ani, that if unpleasant consequences are to be avoided, there must be haste. There are from four to six soft, pappy stools between this early hour and nine or ten o'clock, after which there is no further disturbance till the same hour next morning. Berberis in marked contrast to this too easy escape of feces under Aloe, has a feeling of constriction in the rectum which seems to prevent stool. Both remedies have an abundance of flatus; with Berberis it passes off freely and easily, with Aloe it accumulates and causes colicky pains, which cause the patient to bend double for relief which it gives. The pains affect especially the region of the navel. Aloe has an urging to stool from, or even while eating.

Chelidonium has a fecal diarrhea, thin and pasty, bright yellow or light gray. This bright yellow fecal stool of Chelidonium is peculiar in appearance, and is described as bright golden yellow; that of Berberis is yellow. There is frequent discharge of flatus with both remedies. Chelidonium has crawling and itching in the rectum. Berberis has itching without the crawling, and Aloe has burning.

Colocynthis has copious, semi-liquid, fecal stools of brownish-yellow color, preceded by colic and tenesmus. The color of the stools, the presence of colic (which resembles Aloe), its intermittent character, the aggravation after eating (also like Aloe), the relief from hard pressure, and the absence of tenesmus after stool, all serve to render the selection of Colocynth over Berberis easy.

Fluoric acid has yellowish-brown, pappy, fetid stools, with tenesmus and prolapsus ani. The only resemblance to Berberis apparent is in the pappy character of the stools.

In color, it resembles the stool of Colocynth. Tenesmus is present with both Berberis and Fluoric acid; with the latter the time of tenesmus in relation to stool is not mentioned, while with the former it is before and after. Pro-lapsus ani is only present under Fluoric acid, and its stool is fetid.

Gelsemium is put down in Bell as having a diarrhea of "yellow, fecal, or cream colored fecal" stools. Nothing is said either there or in Hering about the frequency. These soft stools of Gelsemium are very different from those of Aloe, which are so hard to retain. They are difficult to expel because the sphincter ani seems to be spasmodically closed: thus increasing the resemblance to Berberis, with which there is intense pain at times before the stool, because of what appears to be a constriction in the rectum, retarding the expulsion of feces. With Gelsemium there are none of the rumbling and passing off of flatus, thirst, or the increased appetite which mark Berberis. Gelsemium cases are usually brought on by sudden emotions, or the anticipation of any unusual ordeal.

Iris has thin, yellow, mushy, pappy diarrhea, with burning at the anus, like fire. Berberis has burning at the anus with its watery stool, which has its origin in the descending colon, but with Iris the burning extends through the entire intestinal canal. With Iris there are: vomiting of a bilious character, an extremely sour fluid; and colic, returning frequently, especially before vomiting or purging. This colic is like that of Colocynth in its intermissions and relief from bending double; also Aloe.

Myrica bears, as regards the symptoms under consideration, a closer resemblance to Berberis than any other drug considered. It has "loose, mushy, light yellow stools," which attend a jaundiced condition. As with Berberis there is passage of flatus; but it differs in being very offensive. The tenesmus attends the stool, and there is with it a cramp-like sensation in the umbilical region. There is dulness of the head, as with Berberis; confining itself, however, to the forehead over the eyes, and the eyes. Like Berberis it has heat in the face; but it is accompanied

with throbbing. Instead of the slimy condition of tongue and mouth of Berberis there is a tendency to accumulation of stringy, offensive mucus, which is detached with difficulty.

Ptelia produces a "biliary, thin, fecal, dark, offensive diarrhea, even cadaverous, with tenesmus; preceded by griping pains and rumbling and smarting in the anus." I only mention it here because it has a fecal diarrhea; otherwise it doesn't in the least resemble Berberis.

Berberis.—"Scanty, thin-formed stool, hard or soft."

This symptom in connection with the sensation of constriction in the rectum which makes the expulsion of feces so difficult, would suggest this as a possible remedy for stricture of the rectum.

Only three other remedies have a similar stool; they are Graphites, Muriatic acid, Phosphorus.

Graphites being "long and slender in shape."

Muriatic acid "too thin but round."

Phosphorus "slender, long, dry, tough and hard, like a dog's; voided with difficulty."

Inability to learn in just what group of symptoms, under each drug, this stool is present, prevents making further comparisons.

APIS IN ACUTE NEURITIS.

E. M. HALE, M. D., CHICAGO.

I cut the following from a paper published at Deland, Florida. It is an example of the manner in which the action of a medicine of undoubted homeopathicity is misrepresented. I do not know if the writer is a medical man or not. If not he may be pardoned for the error.

The case narrated was evidently one of acute neuritis—for functional nerve pain is never attended by swelling. The swelling was probably pale red and shining, and the pain stinging, as is the case in neuritis.

From the Florida Agriculturist:

BEE STINGS FOR NEURALGIA AND RHEUMATISM.

Of late there have been several articles in the papers relative to bee stings as a cure for rheumatism. On reflecting over the matter I must say that of my many bee keeping friends none of them

are afflicted with that malady. It is well known that many of our German physicians make use of a counter irritant, the base of which is said to be formic acid, and if I am correct it is procured as follows: A number of live bees are placed in a large bottle, together with sufficient alcohol to dampen the sides of the bottle; the whole is violently shaken, causing the bees to discharge their poison, which is absorbed by the alcohol. There are doubtless other ways of preparing the remedy.

Relative to the above subject, I can give what came under my observation while residing in Doniphan county, Kansas, during the years 1881 to 1883. "Mr. J. Z. C., a young man about twenty years of age, was afflicted with a very severe case of neuralgia. During a period of three days and nights he was unable to rest, walking the floor in his misery, with his face swollen almost beyond recognition. Various remedies were tried without effect, until I, learning of the trouble, proposed to apply bee poison direct as likely to afford temporary if not permanent relief. The bee hives were visited and half a dozen bees secured, which were applied to different parts of the face in succession—the young man bearing the treatment heroically, hardly wincing when each insect was applied. The result was that in a short time the pain ceased and refreshing sleep supplied the place of the agony experienced for so many weary hours. No doubt the same treatment would afford relief in similar cases, and would be well worth a trial."

J. Y. DETWILER.

NEW SMYRNA, Volusia County, Florida.

Now I cannot forbear some remarks on the above.

(I). The idea of calling the action of the sting of the bee a "counter irritant" is especially absurd. It is no more so than a hypodermic injection of an irritant fluid. The virus of the bee is a poison having specific effects on nerve and cellular tissue. It may contain formic acid, in common with the virus of other bees, also ants and many other insects. But pure formic acid will not, when taken internally or introduced under the skin, produce all the effects of Apium virus. It is an illustration of the law of similia: potent even when the medicine is used in heroic doses. But it would not always be safe to allow a bee to sting a part swollen with erysipelas, rheumatism, or neuritis. The poison might overstep the bounds of curative effect, and result in danger to the nerve centres. I, in common with all our school have cured such cases with the attenuations, all the way from the 3d to the 30th. I have often thought that we might get more prompt effect from Apis in such cases if the attenuation was injected directly into the diseased tissue, but have never tried it. As to the method of preparing the Apium virus, I have always pre-

ferred the following plan. Collect ten bees in a vial, shake them enough to irritate them. Then take them out with slender forceps and cut the stings off, including the poison bag, into one hundred grains of pure sugar of milk. This is the $\theta.$ and the attenuations I carry up on the decimal scale. Alcohol does not destroy the virus altogether, but I have feared that it injured or modified it.

Societies.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The next meeting of the I. H. A. will be held at the "Ocean House," Watch Hill, R. I., June 24-27. The hotel rates will be \$2.50 per day. Watch Hill is about four miles across the bay from Stonington, Conn., which is reached from New York City by the "Shore Line" R. R. or by the "Stonington Line" of steamers which leave New York late in the afternoon.

This meeting should be the largest ever held. It is very necessary now, that we should make our efforts in behalf of pure Homeopathy known by action. When one prominent so-called Homeopathist of New York publicly proclaims in the daily papers that "there is not a strictly homeopathic physician in New York City," and another says that "a homeopathic physician is one who belongs to a homeopathic medical society, no matter if he does have recourse to allopathic remedies,"—when such things are uttered in the name of homeopathy, it is high time for the homeopathic purist to protest and make his protest known to the public.

You can do this by attending this coming meeting, and early notice is hereby given that you make all necessary arrangements to be present, for it is a duty that you owe not only to yourself but to all other practitioners of the Homeopathy of Hahnemann.

S. A. KIMBALL, Sec.

124 COMMONWEALTH AVE., BOSTON, March 21, 1890.

THE
MEDICAL ADVANCE.
AN ADVOCATE OF
HOMEOPATHIC MEDICINE.
H. C. ALLEN, M. D., EDITOR.

The Editor is not responsible for the opinions of contributors. Personalities being foreign to scientific discussion, must be excluded.

Editorial.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime."—HAHNEMANN.

THE APPEAL UNTO CÆSAR.—In "A Majestic Literary Fossil" in *Harper's Monthly* for February, Mark Twain in his inimitable way tells our scientific (?) brethren some plain, unvarnished, historical truths. These unpalatable facts—which judged by modern standards are anything but scientific (?)—our brethren of the dominant school do not seem to be proud of. But "the dear people" have read them and are now asking some very hard questions about them; questions that are much easier asked than answered. In an attempt to answer the questions or explain these scientific (?) doings of their ancestors, they rush into the public press only to make a bad matter worse. For the benefit of those who have not had time to read the entire article we reprint a few extracts; giving the opening and closing paragraphs:

If I were required to guess off-hand, and without collusion with higher minds, what is the bottom cause of the amazing material and intellectual advancement of the last fifty years, I should guess that it was the modern-born and previously non-existent disposition on the part of men to believe that a new idea can have value. The prevailing tone of old books regarding new ideas is one of suspicion and uneasiness at times, and at others contempt.

By contrast, our day is indifferent to old ideas, and even considers that their age makes their value questionable, but jumps at a new idea with enthusiasm and high hope. I make no guess as to just when this disposition was born to us, but it certainly is ours, was not possessed by any century before us, is our peculiar mark and badge, and is doubtless the bottom reason why we are a race of lightning-shod Mercuries, and proud of it, instead of being, like our ancestors, a race of plodding crabs, and proud of that.

So recent is this change from a three or four thousand year twilight to the flash and glare of open day that I have walked in both, and yet am not old. Nothing is to-day as it was when I was an urchin, but when I was an urchin nothing was much different from what it had always been in this world. Take a single detail—for example, medicine: Galen could have come into my sick-room at any time during my first seven years and stood my doctor's watch without asking a question. He would have smelt around among the wilderness of cups and bottles and vials on the table and the shelves, and missed not a stench that used to glad him two thousand years before, nor discovered one that was of a later date. He would have examined me, and run across a disappointment—I was already salivated. He would get out his lancet then, but I'd have him again; our family doctor didn't allow blood to accumulate in the system. However, he could take dipper and ladle, and freight me up with familiar doses that had come down from Adam to his time and mine; and he could go out with a wheelbarrow and gather weeds and offal, and build some more, while those others were getting in their work, and if our reverend doctor came and found him there he would be dumb with awe, and would get down and worship him. Whereas if Galen should appear among us to-day he could not stand anybody's watch; he would inspire no awe; he would be told he was a back number, and it would surprise him to see that that fact counted against him, instead of in his favor. He wouldn't know our medicines; he wouldn't know our practice; and the first time he tried to introduce his own we would hang him.

While there is nothing very flattering, scientifically, in this introduction, it can be borne so long as it gives the scientific worshipers credit for advancement. But read this:

The change here presented is probably the most sweeping that has ever come over mankind in the history of the race. When you reflect that your own father had to take such medicines as the above, and that you would be taking them to-day yourself but for the introduction of Homeopathy, which forced the old-school doctor to stir around and learn something of a rational nature about

his business, you may honestly feel grateful that Homeopathy survived the attempts of the allopathists to destroy it, even though you may never employ any physician but an allopathist while you live.

This is what stings. That so astute an observer as Mark Twain should accuse the antiquated regular (?) of learning anything from the teachings of Hahnemann, is too grave a charge to be allowed to pass unchallenged. And so he appeals to the people. A writer in the Boston *Evening Transcript*, quoting from Oliver Wendell Holmes (the highest allopathic authority on all things homeopathic), says:

An original tenet in Homeopathy was that seven-eighths of the chronic diseases of men come from psora, regularly called the itch. That idea was abandoned long ago, and it is not the only theory proclaimed by the founder of the system which Homeopaths have given up.

It is a logical argument to say, "we have learned nothing from Homeopathy as a system of therapeutics, because some professed Homeopaths, educated in allopathic colleges, have abandoned the psoric theory of Hahnemann." Few of these men have ever even read—to say nothing of following in practice—the teachings of the Organon and Chronic Diseases, and know just as much about it practically as Oliver Wendell Holmes knew of Homeopathy when he wrote his side-splitting farce "Homeopathy and its Kindred Delusions." In a subsequent issue a "Homeopathist" replies, asking for "a bill of particulars":

The statement that "this idea has been abandoned long ago" is entirely without foundation. When the writer speaks of it as "an absurd delusion," what does he know of it? Has he ever read the reasons that Hahnemann gives in his "Chronic Diseases" for his belief in this theory? Has he ever investigated the results of Hahnemann's patient toil and research in all the medical literature up to his time, that occupied, with experiments, a period of eleven years, which, for indefatigable investigation has never been equaled, and which was not made public until the work was accomplished? Probably not, and yet he casts it aside as "an absurd delusion!" The next statement is, that "this is not the only theory proclaimed by the founder of the system, which homeopaths have given up."

What theories have been given up? *Hahnemann was not a*

man of theories! His psoric theory was the only one he ever advanced, and that is now being daily supported by facts. He practiced homeopathy twenty years before writing his first edition of the "Organon," and all his observations therein are based upon the results of sure experience—facts, not theories.

The allopathists are gradually accepting, tacitly to be sure, many of his ideas. He was the first to proclaim against the common idea of his day that disease was an entity. He said it was simply "the totality of the symptoms," a now accepted fact by all schools.

He was the first to introduce hygienic measures in the treatment of the sick, and to insist upon plenty of fresh air, exercise and suitable food.

He was the first to introduce the humane treatment of non-restraint of the insane.

Even his psoric theory is beginning to receive a silent acknowledgment by the more advanced allopathists, in their gradual giving up of local applications in external manifestations of disease. They begin to realize the evil effects of such suppressions.

The authority for the next statement would be very acceptable, that "they have made many changes in their methods as well, and it is, of course, greatly to their credit that they have discarded or modified their views in the light of experience and research."

The "particulars" furnished for the "many changes in their methods" appear to be resolutions "passed by the New York County Homeopathic Society about ten years ago," making similia, similibus, curantur merely "a rule of practice" instead of what Hahnemann announced it as a law of nature. Just as if a set of resolutions could change a natural law any more than a similar decree in the time of Galileo could reverse the revolution of the earth.

This appeal to the people is having its effect. The "dear people" pay the bills as well as take the medicine, and they are asking the questions. One that is frequently asked is, "is he a Homeopathist, or a quinine-morphine-giving-Homeopath?" The lines are being drawn. If there is anything very enticing in Allopathy as set forth in Mark Twain's "Literary Fossil," anything for which a Homeopath can afford to abandon his law of cure for ancient or modern empiricism, we fail to see it.

Comment and Criticism.

Ask yourself if there be any element of right and wrong in a question. If so take your part with the perfect and abstract right, and trust in God to see that it shall prove expedient.—WENDELL PHILLIPS.

THE USE OF QUININE BY SOUTHERN HOMEOPATHS.

Editor Advance: In commenting on the late meeting of the Southern Homeopathic Medical Association at Memphis, you pounce upon us for admitting the usefulness of the salts of Cinchona in the treatment of the malarial fevers of the South.

Will you kindly tell us how you treat, not how you would treat if you had a case, but *how you do treat* pernicious intermittent fever? I believe I am as ardent a Homeopath as any reasonable man in the profession. I am termed a "crank," because of my belief in the wide range of similia, by many medical men high in the ranks of Homeopathy, and I get along without using Quinine for years at a time. But it must be remembered that I am not in a malarious district, and that, therefore, I am not competent to pass upon my fellows of the Mississippi Valley and of the Bayou districts of our section in their management of the malignant malarial fevers with which they come in contact. My Homeopathicity consists in my belief in the wide applicability, I may say almost universal applicability, of the law of cure formulated by Hahnemann in the treatment of idiopathic diseases. Malarial fevers of whatever character, come under this head, and should, therefore, be treated according to this law. When Quinine cures a pernicious intermittent fever, and not only does it cure but it is the one remedy which will save life in a fairly pernicious attack, it does so according to the law of similia. Why, then, should the ADVANCE or any other journal take Southern Homeopaths to task for treating the severe diseases of the South, according to Hahnemann's law, with this agent?

I will give a great big chromo to the editor of the ADVANCE, or to any one else, who will record a well-authenticated case of pernicious intermittent or congestive malarial fever treated successfully without Quinine or some other agent commonly known as the mongrel's remedy. Come now! Give us facts. Tell us what you have done and how you did it. Facts, not theories, are what we want. The whole kith and kin of us from Holcomb, Bailey, Belden, Orme and other persons down to the veriest tender-foot in the South are willing to improve upon our methods, but as the proof of the pudding is in the eating of it, so must the milk-in-the-cocoanut of this question lie in authenticated cures, before the careful Homeopath of the South will trust his pernicious cases with theoretical remedies suggested by men who probably never saw a case of really malignant malarial fever.

I have lived in an intensely malarious district in this state and I have treated hundreds of cases of the fevers of that district. I am ready to admit that Quinine is greatly abused, and that in ordinary intermittent and remittent fevers I do not use it at all. But that I have ever seen a case of genuine congestive fever saved by any other agent, except possibly by Pilocarpine in the diaphoretic variety, I do not dare to assert.

I hope the ADVANCE and the *North-Western Journal of Homeopathy*, both of whom have commented adversely upon the use of Quinine as reported in the Southern Association meeting, will come to the front with some ripe experience for us.

Come gentlemen! Trot out your facts. Nothing less will satisfy. Sincerely yours,

C. E. FISHER.

SAN ANTONIO, TEXAS.

[For the following reasons we object to the use of Quinine, for "pernicious intermittent fever," or any other intermittent fever:

First. It is unhomeopathic and unscientific to give Quinine, or any other remedy, for the *name* of a disease, simply because we diagnose it "malarial."

Second. It is unworthy a follower of Hahnemann to abandon law for empirical methods because he does not know his *Materia Medica*.

Third. There is no more reason or justification for giving Quinine for intermittent or "pernicious fever" in the South than in the North. Living in the South brings no exemption from the operation of natural law. Gravitation and the law of the similars act as unerringly in the South as in the North.

Fourth. Dr. Fisher has "lived in an intensely malarial district and treated hundreds of cases of the fevers, intermittent and remittent, without Quinine;" and "pernicious" is only a form of intermittent just as amenable to the simillimum as any other. That there are hundreds of so-called Homeopaths, both North and South, who never treat "ordinary intermittent fever" without Quinine, only proves that they do not know how.

Fifth. When Quinine is indicated by its characteristic symptoms, it will cure in the 6, 12, 30, 200 or 1000 potencies, just the same as Arsenic or any other remedy. There never need be a resort to massive doses of the crude drug, *a la Allopathy*, North or South. If it be not indicated—if it be an Arsenic, Natrum or Veratrum case—Quinine may suppress, but it can never cure. Quinine can only cure a Quinine case. *Its curative sphere is limited by law, not latitude*, and no one knows this better than Dr. Fisher.

"The whole kith and kin of us," North and South, cannot reverse one of nature's laws. Cases of "pernicious intermittent fever" have been cured with Arsenic, Camphor, Carbo v., Chin. sulph., Nux and Veratrum. For indications see "Allen's Intermittent Fever." Drs. Cohen, Sherbin, Thatcher, Morrow, and others in Texas can do as well as we, and so can Dr. Fisher and every southern Homeopath. These are all the "facts" necessary to give a Homeopath. What others can we offer. "If they hear not Moses and the prophets, neither will they be persuaded, though one rose from the dead."—ED.]

HOW TO CURE GLAUCOMA.

Dear Doctor: A careful review of the literature of glaucoma brings forcibly to mind that reports on the use of internal remedies for the cure of this disease, or for the relief of certain of its symptoms, are very few and unsatisfactory. This ought not to be; the principles which guide us to such success in the administration of remedies for other ophthalmic disorders—a success which gives us a standing as oculists superior to those who follow empirical methods—ought not to fail us in the treatment of glaucoma.

True, we are by no means clear, even at the present day, on the pathogenesis of glaucoma; we can only formulate a few pathological conditions which are fairly constant to the disease, and cannot say whether these tissue changes depend *primarily* upon a precedent vaso-motor disturbance, or whether they are the results of a chronic inflammation, but, notwithstanding this lack of unanimity of opinion as to the true nature of the disease, its symptoms are sufficiently uniform in their constancy and in the order of their appearance to afford a basis for the selection of remedies according to our law of cure.

In view of these facts you are the recipient of this personal appeal to assist in enlarging our therapeutical resources for the treatment of glaucoma. It is hoped to reach every homeopathic oculist in the world and, by means of this circular letter, to present to the next session of the American Institute of Homeopathy a full report on "The Use of Homeopathic Remedies in Glaucoma." In this coming report you will be entitled to full credit for every item of *practical* interest, no matter how minute, that you are kind enough to furnish, but, in order to bring the work within prescribed limits, it is requested that your answers conform to some extent to the requirements of the appending schedule. Trusting that you will join in giving an *early* response to this appeal, I am, Very sincerely yours,

H. H. CRIPPEN.

SAN DIEGO, CAL., 1889.

Like the majority of professed Homeopaths, the writer we believe is honestly in search of truth and light. But also like the majority, he fails to grasp the true spirit of the homeopathic doctrine as will be seen by the following questions:

1. What percentage of cases of glaucoma have you cured (*restitutio in integrum*) with internal remedies alone?
2. In what percentage of cases of glaucoma have you been able to *arrest* the progress of the disease by the use of internal remedies alone?
3. Failing to cure glaucoma, or to *arrest* its progress, in what

percentage of cases have you been able to favorably modify its exacerbations by the use of internal remedies?

4. Name the remedies, in the order of their usefulness, with which you have succeeded in relieving the pain of glaucoma.

5. Taking the principal remedies with which you have succeeded in modifying the course of glaucoma, give what you consider the characteristic symptoms of each drug in this disease.

Treating *glaucoma* is an allopathic absurdity even if done by professed Homeopaths, or homeopathic oculists, and as long as investigation on this line is pursued, just so long will failure and a resort to the knife be met with. We can only succeed with remedial treatment by adhering to law, and the law does not recognize the treatment of diseases; it only takes cognizance of the treatment of patients. The prescribing of homeopathic remedies by homeopathic physicians for glaucoma, does not remove the *method* from the pale of empiricism. No two patients have the same eyes or the same constitutions behind them; hence a remedy that cures one case may never be called for again. If prescribed for correctly, *according to law*, glaucoma is just as amenable to treatment as any other severe constitutional affection. Ask your specialists to take a lesson from the Organon and Chronic Diseases and glaucoma will cease to be the *bête noir* of ophthalmics.

IS PICRIC ACID AN ANTIPSORIC?

Editor Advance: I wish to thank Dr. Hooper for the "Study of Picric acid" in the March ADVANCE, and there are many, like myself, who will receive much help from it. But if Picric acid be an antipsoric, why did he give another remedy? Hahnemann says, Chronic Diseases, p. 150: "The physician must be on his guard against interrupting the action of the antipsoric remedy. Let him not exhibit an intermediate remedy on account of a little headache, which may perhaps come the day after the antipsoric remedy was given; or another remedy for a sore throat, diarrhea, or a little pain, etc. The rule is, that the carefully selected remedy should act until it has completed its effect. If the remedy arouses symptoms which have ex-

isted weeks or months before, etc., it ought to be left undisturbed."

The doctor speaks of the "magnificent work" done by Picric acid, and yet shows a peculiar disregard for the rules of good prescribing as laid down by Hahnemann. Why did he interrupt the antipsoric action of Picric acid by a dose of Sulphur? Why should he palliate or *try to stop* the "called back" eruption of "years before," brought back, no doubt, by the antipsoric remedy? The Sulphur drove back the thoroughly aroused "Cuticura cured?" (?) eruption to its old haunts, and not finding them congenial, because of the action of the Picric acid, it returned in the form of "little boils." Here the patient (against orders of course) applied his Iodine and the boils disappeared. They now "pooled their issues" came out again and established "a corner" on carbuncles. Now comes the Phosphorus and "the patient was soon restored to perfect health, except that the impotency remained." From the evidence adduced we do not think the doctor has proved his case, and must doubt the yet unproved antipsoric virtue of Picric acid.

F. O. PEASE.

CHICAGO, April, 1890.

A BRYONIA LEUCORRHEA.

EDITOR ADVANCE.—Mrs. J., aged thirty-three, in the second month of her third pregnancy, consulted me for a very troublesome leucorrhea which was brownish and left a brown stain on the linen. The general condition seeming to call for Bryonia, I gave that remedy in the 3x with almost immediate relief. Neither Allen nor Hering say anything about any such symptom; perhaps you can tell me where I can find it. As it may be of benefit to some brother practitioner, I give it to you for what it is worth.

A. F. GOODRICH, M. D.

ST. PAUL, MINN.

[The doctor cured his patient by prescribing for the general or constitutional symptoms. The patient being cured, the localized effect of the constitutional sickness—the leucorrhea—naturally disappeared as the result of the

cure, just as it appeared as the result of the sickness. It is of no consequence that "the brownish leucorrhœa leaving a brown stain on the linen" had never been produced in the provings of Bryonia. All that is necessary to a rigid compliance of the law, is that Bryonia contained the totality of the symptoms of the patient. This is "the law and the gospel," and in this way we cure many cases of tumors and abnormal growths which have never been, and may never be, developed in the provings. This is Homeopathy pure and simple.—ED.]

DIPLOMA SELLING.

Editor Advance:—Every department of trade has its busy seasons, diploma selling being no exception. Just now the boom is on and the sheepskins are going off like "hot cakes." In defiance of law the medical colleges continue under a bare technicality, to sell their diplomas. "Graduation fee \$25.00" is one of the requirements of all medical colleges. While this is not for the benefit of outsiders it is enforced on the graduates. Why in the name of all that is just is this extortion permitted to continue without a protest? When a student has complied with all the requirements of the college and has passed a satisfactory examination, why is he not entitled to a certificate to that effect without having to buy it? I enter into a contract with a man involving dollars and cents. I fulfil my part to the letter, but have nothing to show for it unless I get that man's receipt, and this I can not obtain without buying it. Would this be tolerated? Another objection to this clause is its inducement to grant diplomas. Some of the colleges may not like to return this money, as they agree to do if the candidate does not pass a satisfactory examination, and prefer to give a diploma. That such has been the case no sane man doubts. Which college will be the first to abolish this extortion? Oh, yes, I came near forgetting that one college has done so. The Chicago Homeopathic Medical College,—that is what it is called—has in its announcement, "This college requires no graduation fee." This in italics. Among its requirements is, "Fee

for final examination (not returnable) \$25.00." "A rose by any other name," etc.

The final examination, too, should be abolished. It is unnecessary, often placing a good student in a perilous position and lowers many a good average. The daily quiz which should be rigidly adhered to is enough to show a student's standing, and does not seriously effect his nervous system. It also proves whether the student is diligent.

E. A. BALLARD.

CHICAGO, March, 1890.
[This abuse, to which Dr. Ballard refers, is a means of "making both ends meet," a result of the keen competition of the day. It is not confined to medical colleges, and is even indulged in by State institutions in both literary and medical departments. But this does not right a wrong.—ED.]

TREATMENT OF ULCERATED CERVIX.

Editor Advance: I hope some one will give a *successful* treatment for enlarged, congested and ulcerated cervix. I fail to do much with such cases. JULIA GOODMAN, Hamilton, O.

[The Homeopathist who prescribes for the "ulcerated cervix," or who applies the favorite topical applications to it, and neglects or overlooks the constitutional symptoms of the patient, will always "fail to do much with such cases." Treat the case as you would a case of disease of the heart, stomach or liver where you cannot use the speculum. Abandon your empirical methods — for using homeopathic remedies in the treatment of "ulcerated cervix" does not make it homeopathic—and by the aid of the law if you adhere to it, you will have no difficulty in curing your patients. When the patient is cured the cervix will be normal. You paid *alma mater* for homeopathic instruction which you failed to receive.—ED.]

PORK A CAUSE OF PHthisis.

Editor Advance:—I am glad to see, in January ADVANCE, that pork is being investigated as an article of diet. I have heard of one case, a Mr. K., of Hudson, New York, a young man of strict Jewish family, who died of tuber-

culosis. He was treated by an Allopath; could get particulars if necessary. But has any one found cancer among the Jews? A lady after the fifth cancer (?) had been removed, becoming tired of going every year to the cancer specialists, asked what she should do to prevent having a cancer every year. He replied: "Don't eat pork. As long as you eat pork you will have cancers." She stopped eating pork and has had no return of the trouble for over nine years.

W. O. JACOBI.

CHICAGO, March, 1890.

PHTHISIS AMONG THE JEWS.

Editor Advance: Allow one of your old readers to congratulate you on your associate editor.

The man, whose case Dr. Severance (page 211) reports, was not sound, though he may have appeared well. It is a case of exosmosis, and the case of fullness in the head hints to venous stagnation. Was it a case of vicarious hemorrhoidal bleeding? At any rate Kent answers it in his same number by Carbo veg. high, the remedy on which I would rely.

Page 251 you have a short article, "Phthisis among the Jews," and you ask the pertinent question, whether pork eating is the cause of tuberculosis. As far as my observations go, I must decidedly negative it in relation to Jews, for I know orthodox families which tuberculosis and carcinoma decimated for the past four or five generations; and certainly their ancestors did not eat pork, though the present generation may not be so abstemious. It would be far better for the world, if the hygienic rules, recorded in the old testament, would be kept as strictly to-day as they were of old; in fact, after putting historical events aside, that venerable book is only a code of ethics, psychological as well as somatic. Where or from what Blanchard got his statistics I do not know, but I do know that on these statistics very little reliance can be placed.

No. 1 is news to me, for it is a rare exception, and some of my christian friends now have their children circumcised as a preventive remedy.

In relation to No. 2 they may, perhaps, claim some relationship to the flat foot Indians, who claim to descend from the ten lost tribes.

No. 3 is wrong, for the old testament is very strict in relation to marriages of consanguinity, and the Catholic creed is the only christian branch which stuck to it. Neurasthenia is the ailment of our age, and Jewish women make no exception. The battle for existence breeds neuroses, and we all are too eager to reach the top of the ladder. But of so much you may rest assured that Jews suffered from tuberculosis in centuries where it would have been a *rara avis* for any one of them to touch pork. S. L.

CHRONIC SORE THROAT.

Editor Advance:—A man in a quandary would like to know if there is anything really remarkable in such a cure as that of the chronic sore throat reported in the last ADVANCE by Dr. McNeil. The case certainly can not be looked upon as one arguing well for high potencies. So much time was consumed in the cure that one seems justified in asking whether it was medicinal or spontaneous. I would rather feel disposed to give the latter alternative the benefit of the doubt. Dr. McNeil must, in truth, have an unlimited supply of personal magnetism to hold such a case so long, unless, indeed, the patient was a charity one. I, too, have had chronic sore throats to treat, which I did, not with the 55m, or the 5m, or the 3m, or even with 30, but with the 3x and 6x, and in no one instance did the cure require so much time as the case in point. I have in mind a case I might mention without going into detail. A girl of eighteen years, especially solicitous about her throat, because a beautiful singer, came to me early in the winter in great distress because a winter sore throat of several years' standing was returning. Her throat was not only painful, but she was hoarse in the extreme, and at times could scarcely speak above a whisper. I gave her twelve powders of Kali bich. 3x telling her to take one before meals and at night. A few days later the young lady

reported that half the powders had wholly relieved her, and that she had put the other six away for future use. She passed the winter without any return whatever of her throat trouble. During the three and one-half months of treatment, Dr. McNeil's patient received of Hepar 30, some twenty-five or thirty powders; of Hepar 3m, one powder; of Hepar 5m, twelve powders, and of Hepar 55m, one powder, besides some Bryonia 30, and some Sac. lac. (which one wonders at Dr. McNeil prescribing, because he could not get it "high"). Granting that Hepar was the remedy, does the case not read as though something were wrong? We should like to follow the course of reasoning which led the doctor to give the 3m in preference to the 30, or the 5m in preference to the 3m, or the 55m in preference to the 5m. To one not at home with high potencies such prescribing seems grievously hit and miss. Why did the doctor return to the 30 after having retired it in favor of the 3m and 5m? Was he, like the chess player, leading up to this second resort to the 30, or did he make the prescription on the spur of the moment? If the former be the case, the doctor was a long time—almost three months—"getting there." It seems to us that Dr. McNeil was as bent on experiment as on cure, and that for the sake of the former he sacrificed the latter. Would he, did he have the same trouble, be content with the same treatment? While our duty to our *Materia Medica* is great, our duty to our patients is greater, and we should not compromise the latter for the former. Is it not, after all, our aim to cure to the best advantage? And this is, and always must be, our chief argument in favor of Homeopathy—that it cures more certainly, more quickly and more easily.

ALLISON CLOKEY, M. D.

LOUISVILLE, KY., March, 1890.

[The tonsils had been excised in the "sore throat" of Dr. McNeil's patient and that class of a case is, in our experience, not cured in a few days.—ED.]

New Publications.

ON FISTULA AND ITS RADICAL CURE BY MEDICINES
By J. Compton Burnett, M. D., London: James Epps & Co
1889.

This is one of Compton Burnett's delightful little monographs, and can be read at a sitting. It advocates the cure of the constitutional diathesis which underlies the fistula, by the homeopathic simillimum; this once cured, the fistula—the effect, not the cause—rapidly heals to appear no more. This he terms the *constitutional* method; the *local* method is the knife. The author says: "I take the stand of those who hold that fistula is most commonly a constitutional affection, and must therefore be treated by the physician. I go further, and maintain that the local treatment of dyscratic fistula is not only wrong, but irrational and harmful. In many cases it is better to leave such a fistula alone than cause it to heal by operation and antiseptic dressings."

In its bold defense of Homeopathy this book is charmingly refreshing. The only weak point is the meagre indications given for the selection of the remedy; but this can be overlooked, as no two cases are alike.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS.

The March number contains the following essays by well known foreign authors:

The Arrest of Growth in Cancer by the interrupted Voltaic Current.

The Dreadful Revival of Leprosy.

Diseases of Old Age.

Urinary Neuroses of Childhood.

Varicose Veins of the lower Extremities.

The Uses of Electrolysis in Surgery.

The April number is no less rich and instructing. Read the titles:

The Human Foot: Its Form and Structure, Functions and Clothing.

Modern Cremation: Its History and Practice.

Aphasia: From Cerebral Disease.

EATING FOR STRENGTH, OR FOOD AND DIET IN RELATION TO HEALTH AND WORK. Pp. 246. By M. L. Holbrook, M. D. Price \$1.00. New York: M. L. Holbrook & Co.

This work contains a complete classification of foods and their uses, and the proportion in which we should consume them, either

at hard or moderate work. The daily requirements of the body; digestion, and how to promote it; how to compose a suitable diet for different conditions; economy of food; tables showing the cost of the nourishment in different articles, with practical suggestions; the grape cure and how to use it; the apple cure; the fruit cure; chapter on food for different ages, conditions, and seasons; a carefully prepared chapter on diet in training, also one relating to food in various diseases, and very complete tables of food analysis, etc., etc.

The physician may frequently want to refer to just such a book as this.

PRESCOTT'S PERU. History of the Conquest of Peru, with a Preliminary View of the Civilization of the Incas; by William H. Prescott. Fine library edition, in two volumes, small octavo; cloth, gilt top, illustrated. Price, \$2.00.

The Alden Publishing House, New York and Chicago, owing to the expiration of copyright, issues for the first time this new and elegant edition, (uniform in style with the editions of Prescott's Mexico, and Ferdinand and Isabella,) at a fraction of the price at which it has heretofore been obtainable, even in inferior style. It cannot fail of a hearty welcome in thousands of American homes. E. P. Whipple says of it: "This work has probably been the most extensively popular of Mr. Prescott's histories. In the 'Conquest of Peru' his characteristic merits are displayed in their best aspect, exhibiting the effects of time and experience in giving more intensity to his conceptions and more certainty to his language."

SPINAL CONCUSSION. Surgically considered as a cause of spinal injury, and neurologically restricted to a certain symptom group, for which is suggested the designated "Erichsen's Disease," as one form of the Traumatic Neuroses. By S. B. Cleenger, M. D., Consulting Physician in the Reese and Alexian Hospitals. Octavo, pp. 260. Illustrated. Philadelphia and London: F. A. Davis. 1890.

No question of a medico-legal character, perhaps, is attracting more attention at the present time in courts of justice, than that of spinal concussion. Especially is this true since so many actions have been instituted against Railroad Companies for damages, and so many attempts have been and are being made to secure pensions on the strength of it. The literature of spinal concussion has been pretty thoroughly investigated by the author, who has devoted years to the work, both in medical and legal circles. The author advances an original pathological view, viz., that the lesion is to be found in the spinal sympathetic nervous system. In this he differs from Oppenheim, whose essay on "traumatic neuroses" is translated and given in full in a separate chapter.

FOODS FOR THE FAT: A treatise on corpulency and a dietary for its cure. By N. E. Davies, M. R. C. S., England. Edited by C. W. Greene, M. D. Philadelphia: J. B. Lippincott Company. 1889.

The rules laid down in this work for the cure of corpulency which is a disease, are of a dietary nature entirely; and the bill of fare as here given is sufficiently elaborate to satisfy the most exacting invalid. Will not some of our readers put it to the test and let us know the result?

TENTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF ILLINOIS.

For the statistician, there are some very instructive tables in this volume, and the name and date of registration of every physician in legal practice in the state. When the Board was organized there were seventy-eight "traveling doctors" in the state; now there are only five, shielded by the ten year "prior practice" clause. This is of itself a record to be proud of.

Editor's Table.

G. E. GRAMM, M. D., has removed to 4433 Girard Ave., Philadelphia.

H. M. BRODERICK, M. D., has removed from Decatur to Buchanan, Michigan.

J. A. BIEGLER, M. D., has been nominated by Mayor Carrol, of Rochester, for member of the Board of Health.

NEW JERSEY STATE SOCIETY meets at Trenton, May 6. A large attendance and a profitable meeting is anticipated.

ERRATA.—The cures by Euonymus in our April issue, page 226, should be E. atropurpureus instead of E. Europeus, and "carmina" fourth line from top of page 226 should be "tormina."

J. M. MEADOW, M. D., has located in Anniston, Ala. In reply to a letter of enquiry for necessary legal requirements, the Probate Judge wrote: "Send your diploma here for record, according to section 1298, Code of 1886, is all that is necessary."

POPULAR SCIENCE MONTHLY for May opens with an account of the life of Edward L. Youmans, including the story of his association with Herbert Spencer, by Prof. John Fiske, who was a warm friend of the late Prof. Youmans, and describes his fruitful labors in popularizing science and the evolution philosophy in America with sympathetic appreciation. Read it.

ENTERPRISING.—The editor of the *People's Health Journal* says: "We will defray all necessary expenses during a college year in

any medical college in the United States, for any young man or woman who will secure us one thousand subscribers to this journal at \$1.00 each by October 1, 1890. Any young man or woman who has brains and energy sufficient to study medicine can accomplish this easily in sixty days."

[Here is something practical, and the **ADVANCE** makes the same offer for five hundred new subscribers.—ED.]

THE APRIL ST. NICHOLAS contains the first of several important papers by E. J. Glave, one of Stanley's pioneer officers on the Congo. It is called "Six Years in the Wilds of Central Africa," and is so told as to vividly present the lights and shadows of the explorer's life. Both young and old readers will find what they are seeking: the former, facts and adventures; and the latter, information as to Stanley's methods and achievements. Kemble and Taber illustrate it.

WESTBORO INSANE ASYLUM.—At the March meeting of the hospital board of trustees, it was made known that a Boston gentleman, friendly to the institution, had given the hospital the handsome amount of \$3,000, to build a cottage intended for one patient. In it provision will be made for an attendant and for one or more to cook and care for the house. It will be placed upon the lawn near the road leading to the farm barn. This provision for the special wants of any one needing seclusion and careful attention, will be quite beyond what can now be supplied by any Massachusetts hospital or private asylum. Other parts of the country have similar detached cottages. At the Insane Retreat in Hartford, there are two or three such.

THE CENTURY for April is remarkable for the variety of its contents. Mr. Jefferson's Autobiography reaches the Rip Van Winkle stage of his career, and tells the reader exactly what he wishes to know—how Mr. Jefferson came to play the character. Three striking engravings of Jefferson as "Rip" accompany the paper. Three timely articles are "The Latest Siberian Tragedy," by George Kennan, in which is given a new account of the outrage at Kakutsk; "Suggestions for the Next World's Fair," a practical and helpful paper, by Georges Berger, Director of the French Exposition. The central west comes in for attention in "The Non-Irrigable Lands of the Arid Region," by Major Powell, Director of the U. S. Geological Survey; and "The Shoshone Falls," by Captain John Codman, with two beautiful illustrations.

MEDICAL EDUCATION.—The following changes are being agitated in the University of Michigan:

"The literary professors wish the following plan adopted: To require 20 full courses (about three years' work) to be completed in the literary department before pursuing any studies whatever in the medical school. The preparatory studies will, of course, be of a scientific nature. After completing the three years' prepara-

tory and the three years' medical course to confer the degree of M. S. (master of science) and M. D. (doctor of medicine). This does not meet the approval of the medical faculty, who wish the students to carry their literary department studies along with the medical course, making a regular six years' course. This meets the opposition of the literary faculty, who do not wish to see the courses mixed in this way. A third plan is now being agitated and that is to only admit persons who have received any bachelor's degree to the medical course. It is doubtful if a plan will be adopted before the end of the year.

NEW HAMPSHIRE STATE SOCIETY. We commend the following novel and common sense method of work for both State and National Societies, and it ought to secure a profitable meeting:

"The 27th annual meeting of the Society will be held at the Phoenix Hotel, Concord, N. H., Wednesday, June 18th, 1890.

As at the last meeting no chairman of Bureaus were appointed, a new method, of making our meeting both pleasant and profitable, has been suggested.

It is proposed that each member should select one or more of the following queries and give a short paper, or talk of from five to twenty minutes. When the papers on a single question have all been presented, they should be thrown open to the society for general discussion:

1. How do you select the remedy ?
2. Nature of diphtheria? Principles and details of treatment?
3. Can the New Hampshire law for licensing Physicians, be improved?
4. Have you a case you do not understand?
5. Do you use local applications? If so, what, when and where? If not, why not?
6. Is Alcohol a food? Under what circumstances should it be administered?
7. What was your experience with La Grippe?
8. What is your favorite medical Journal?
9. Give us the details of treatment of two cases of Pneumonia?
10. Will you give us one of your failures, and tell us what you have learned by it?
11. Have you a peculiar case, or one of unusual interest?
12. Do you use potencies above the 6th decimal? If so, what, when and where? If not, why not?
13. Is Homeopathy and Allopathy coming nearer together?
14. Are all our pharmacies reliable?
15. Is there any matter of interest, not suggested in the preceding questions, that you would like to bring before the society?

It is hoped that this departure from the usual method will meet your approval and support. * * * GEO. R. SMITH, M. D., Sec.

THE
MEDICAL ADVANCE.
A HOMEOPATHIC MAGAZINE.

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No. 6

Materia Medica.

LILIUM TIGRINUM. (The Tiger Lily.)

FROM THE LECTURES OF J. T. KENT, M. D.

Certainly it has a marked action upon the heart and bodily symptoms dependent upon the heart, as a primary source of disorder. It produces many mental symptoms from mental weakness; nervous prostration; trembling; pains shooting here, there and everywhere, over the body, down the arms, and down the limbs. A strongly characteristic symptom in relation to the heart, is numbness and tingling of the right hand and arm, associated with cardiac weakness; the usual cardiac numbness is in the left hand, like Digitalis, Lachesis, Cactus, Naja, Kali, Rhus, etc., but the numbness of the right hand is Lilium. Numbness and pain in the left hand, associated with diseased heart, is often Rhus.

With this cardiac disturbance we have more or less of uterine weakness, with relaxation of the tissues; rheumatic complaints. With the uterine trouble there are ovarian complaints, especially in the left ovary, with wandering, flying, shooting, squeezing and relaxing pains, shooting down the limbs, like Thuja and Chamomilla. The characteristic ovarian pain is found in the left ovary, shooting

across to right groin; down the left leg; and up to the left mammary gland or heart. It seems to be a radiating pain from left ovary and a connecting link between ovarian and cardiac troubles.

The pelvic complaints come on in persons suffering from cardiac weakness, great relaxation, slow repair of tissue. The weakness of the heart may not be organic, but we may find valvular weakness, wherein we find slow repair of tissue.

Let a woman in these conditions abort, miscarry or go through confinement, she gets up from it with difficulty; slow repair, an engorged and heavy uterus, with sluggishness of the veins, sluggish circulation; hence we have the condition which we call sub-involution; the uterus is so heavy, that when standing on the feet it seems to drag down, with always a feeling as if it must fall from the pelvis; desires to press it back with the hand or the napkin; a feeling as if she would lose the whole pelvic contents. With this dragging down feeling, you may find a radiating pain in the left ovarian region, running down the left thigh.

Enlargement of the left ovary has been cured with *Lilium*. I have cured when the left ovary seemed to be of enormous size. Again we see the sluggishness of repair, the slow recovery associated with cardiac troubles. Now there is a mental state belonging to this cardiac weakness, wherein it resembles *Nux vomica*. She feels as if she must scream; she cannot speak a decent word to anybody; is always hunting up something to grieve over; with this there is the crazy feeling of the head; an indescribably bad feeling; as if she was going crazy; as if the brain was being pushed out through the eyes and ears; as if a skull-cap was crushing the head; these sensations belong to *Lilium*, and have been verified and cured.

The uterine, head and cardiac symptoms, are all better in the open air, like *Pulsatilla*. If *Pulsatilla* and *Lilium* had the same disposition, they would be quite similar. Both have weeping and sadness, but *Lilium* has spasmodic, flashing, "spunky" weeping, while *Pulsatilla* is meek,



yielding and tearful; both have wandering pains; excoriating leucorrhea; > in the open air, < in warm room.

The heart trouble is the primary centre in *Lilium* and it has an alternation of uterine and heart symptoms; when one is off the other is on. The heart trouble is likely to be continuous; we have a sensation in the heart as if it has been squeezed or clutched, like the opening and shutting of a hand; we have wandering and shooting pains; the clutching reminds one of *Cactus*, in which we have clutching as of an iron hand; we have squeezing and constriction of the ovary, and squeezing and constriction about the heart. In *Cactus*, the left hand is numb, in *Lilium*, the right.

Another very prominent symptom is that the engorged organs are very sensitive to a jar; the pains are brought on by a jar, like *Belladonna*.

Now when there is an engorged uterus, with the sensation of dragging down, she will tell you she "is made worse by riding in the street car"; "worse from jarring of the body." *Belladonna* has a dragging of the uterus as if the parts would escape, and it is accompanied by sensitiveness, heat and turgescence; she can hardly walk, is sometimes relieved by bending backward; again the uterus is so sore that she is transfixed, she cannot move; the vagina, vulva, the whole organs are burning and dry with little or no leucorrhea, (if the leucorrhea came, there would then be relief of soreness), and extremely sensitive to movements that jar; *Lilium* has all these symptoms but is relieved by motion, while *Belladonna* is made worse by motion.

As *Lilium* resembles *Pulsatilla* and *Belladonna* in the bearing down or funneling of the pelvic viscera, so, also, does it resemble *Murex*, *Sepia*, and *Nux v.* The relation of these remedies to *Lilium* is shown through the uterine symptoms quite plainly. They all having a bearing down sensation of the inner parts as though they would push out into the world.

Murex, *Sepia*, *Lilium* are relieved by pressure, as with the hand, or a T bandage.

Sepia is relieved by crossing the limbs or sitting down, sometimes by lying down, and is not as irritable as Belladonna or Lilium. It has also a marked constipation going for days without stool, with no desire to expel the impacted feces; a constant sensation of fulness in the rectum; hunger and weakness of the stomach not relieved by eating. It is also a passive condition, with very little soreness or sensitiveness, no sexual desire, and milky discharges.

Murex bears such a strong resemblance to Sepia we will consider that next. Murex is made better by walking, even the cutting, dragging pains, and the vehement sexual desire is made better by walking. There is the same relief from pressure as with Sepia, but there is strong sexual desire, an exalted sexual instinct, so great that she can hardly tolerate herself, and feels disgust and despair. The pains are diagonal in direction, going from ovary to opposite mammary gland; the leucorrhea is yellow and thick, and all the symptoms are aggravated by lying down.

In Nux vomica we have the same uterine conditions, funneling, etc., and a strong resemblance in the mental states of the two remedies; neither can speak a decent word; both are irritable, cross and snappish; but the pains of Nux are indefinite, everywhere, with the characteristic that every pain causes desire for stool; marked constipation; frequent urging; ineffectual straining; exalted sexual desire, coming spasmodically, in fits and starts. The Nux pains in the uterus are relieved by hot water bags.

There is another mental state of Lilium which we have not mentioned, and that is the religious melancholy, with the crazy feeling in the head, and a feeling as if she would fly. Profanity also enters into the remedy, as in Veratrum and Anacardium; she feels like cursing and swearing.

Symptoms diagnosed as spinal irritation with great tenderness of the spinal column, have been cured with Lilium.

In the abdomen we have extreme sensitiveness to touch; there seems great soreness through the abdomen and pelvis, with sensitiveness to a jar.

Lilium has a pain in the mammary gland going through to the back, as has Croton. t.; but in the latter remedy it

only occurs during the nursing of the child, while in *Lilium* it occurs at any time, is a cardiac pain rather than a mammary pain as described in the text. Pain in the lactiferous tubes while nursing is *Phellandrium*; it is sometimes so severe as to necessitate the weaning of the child.

There is great dyspnea in these heart troubles; pain, worse when walking, but so much worse when she stops, that she must walk again.

Irritable mental state, everything must be done in haste, like *Sulphuric acid*.

Lilium has burning in the palms and soles, like *Sulphur*, *Chamomilla*, *Lachesis*.

Chamomilla has burning of the soles and irritable disposition, but without the cardiac symptoms and ovarian trouble. Don't give the wrong remedy.

The morning diarrhea with hot soles is quite like *Sulphur*, and the urging is well marked and drives him out of bed. Stools loose and bilious and very offensive; griping pain and sudden urging; smarting and burning of the anus like *Sulphur*. The violent dysentery of the remedy is much like *Mercurius*. Tenesmus, urging to stool, only passing a little urine. Great distension of abdomen; constant straining like dysentery and passing nothing; not a moment of relief from the tenesmus.

Continuous tenesmus of neck of bladder with only scanty discharge of urine, which is hot and scalding. The stool and urine symptoms are much like *Mercurius c.* in violence.

S. L. G. L.

KALI PHOS.

J. C. NOTTINGHAM, M. D., BAY CITY, MICH.

I have found Kali phos. useful when the following conditions prevail:

The patient is nervous, restless; a fidgety feeling in the feet; trembling sensation in the muscles of the legs, especially the gastrocnemii.

An aching nervous sensation in the cerebellum and upper cervical region and a tenderness over or just poster-

ior to the mastoid processes, which when aggravated seems to spread over the entire head or brain.

Persons who suffer from suppressed sexual instinct or excessive sexual indulgence.

The discharges or excretions—stool, perspiration, urine—have a carrion-like odor.

I find these symptoms most frequently in dark blondes, of a cross, irritable disposition, who suffer with weak, unsteady eyes.

THE STUDY OF PROVINGS.

NOTES FROM THE LECTURES OF J. T. KENT, M. D.

It is nearly useless to cram students with the language of provings. If they cannot be made to see the clinical image to be met, they fail to make good prescribers. The student needs to know something of what we do, and what can be done with provings. Dry study of provings without application to clinical images, will not do for the neophyte.

Rarely do we find a student with sufficient acumen to formulate these images for himself; so, after puzzling over them for a time, he falls to grumbling over the imperfections of the *Materia Medica*, sometimes even, making fruitless efforts to correct the imperfections. Imperfections do exist, and some of them are fully recognized by good men, but how they are to be corrected is not so well known, even by the best men of to-day. Dr. Hughes has demonstrated that he thought he knew how to correct those imperfections, but he has failed to demonstrate satisfactorily to the profession, that he knew even one remedy.

There is no short road to a fair knowledge of therapeutics.

The physician who masters the use of the repertory, usually makes the most rapid prescriber.

The symptoms that are in the way, are the ones we do not understand. Suppose each egotist were to throw out all symptoms he does not understand, what portion of the *Materia Medica* should we have left? Hahnemann made most wonderful use of the *Materia Medica* that he left us;

we ought to do as well as he, with the many added provings, but if we tear down, we should be quite positive that the building would result in improvement. The best symptoms of the *Materia Medica* have come, and must come, from the provings of potentized drugs. Throw away all such symptoms and we shall be compelled to practice medicine upon the thrown away *Materia Medica*, for the portion left and accepted, will not sustain the law for universal application. This is demonstrated by the fact that those crying for crude provings, constantly confess their inability to cure the sick. The very cry for a revised *Materia Medica* is an ample confession. The use of quinine, whiskey, and compounds, testify loudly in the same direction. The grumblers never recognize the possibility of the difficulty being a personal one, nor think of their confession as the guilty pleading of their own lack of knowledge of the *Materia Medica* and how to use it. A confession of inability to use the *Materia Medica* as it stands, is not a qualification necessary to the erudition of a compiler of a new *Materia Medica*. They have confessed, we have not accused. The confessions extend so far, there is little left for them to learn pertaining to cures. The most startling confession recently made, the assertion that the 30th and 200th potencies do not make symptoms (!) has but a negative result; either the doctor did not select sensitive persons, or he refused to recognize symptoms.

Not all provers bring out symptoms from potencies, but the sensitive ones furnish symptoms of inestimable value. If the physician makes a careful study of his willing provers, he will be able to select for them, such remedies as they can get symptoms from, *i. e.*, by studying the natural traits of their life, he can see their weaknesses and make use of them. A lady expressed a wish to prove a drug, she was carefully observed, and thought to be sensitive to Phosphorus. She proved the drug in a high potency, confirming many old symptoms of Phosphorus about which she knew nothing, neither did she know the name of the drug she was proving.

These facts stand, nor do they become less than facts

when other doctors fail to obtain symptoms the same way.

It is grievous to demonstrate one's inability to find a remedy fitted to subjects, for the purpose of proving, after making numerous trials. It means something. It means failure. Not of the law, not of the potentized drug, not of the patient or prover, but of the physician. He knew not how to select provers or remedies for provers, therefore he is become an agnostic. The chemist says to a friendly physician: "I hear you have become a Homeopath?"

Physician: "Yes, that is true."

Chemist: "Well, you do not mean to say you believe in the 30th potency, do you."

Physician: "I understand you are a chemist, that you make a living by your knowledge of chemistry, and that your science is based upon the hypothesis of molecules and atoms, etc."

Chemist: "Yes, I am a chemist by profession."

Physician: "Well, now my friend, have you ever seen a molecule or atom?"

Chemist: "Let's go; we'll have a bottle of wine."

The chemist knows the molecule is not very well determined, that it is entirely hypothetical, but he does not care so that he produces the results that previous experiments enable him to expect. The results are not changed, even though the molecule be argued out and not believed in. Facts stand in spite of unbelief.

S. L. G. L.

SANICULA.

G. M. CHASE, M. D., TRAVERSE CITY, MICH.

Acute gastric catarrh. The patient has had repeated attacks which generally last from three days to a week. Two doses cured in less than 24 hours. She had the peculiar mental condition mentioned by Dr. Gundlach's prover No. 2.

Irritable, least word or action would "upset" her.
Misconstrues everything.

Melancholy; sad; depressed ; no energy.

Fever, but *no thirst*.

Headache; can't bear light or noise.

Offensive breath, but not from teeth.

Rheumatic pains in shoulders, worse in left and extending to chest. Patient sat with back to the fire, as the only relief was from heat. The effect of Sanicula was prompt and complete. No return to date.

DOLICHOS PRURIENS: SOME VERIFIED SYMPTOMS.

Face. Yellow; jaundiced. *Conjunctivae yellow.*

Mouth. Gums swollen, red, painful, can scarcely eat or drink. Gums sore, sensitive, irritated, > by rubbing. *Complaints of teething children.*

Throat. Pain in throat, r. side, below angle of lower jaw, as if a splinter an inch long was vertically imbedded there, < by swallowing either liquids or solids.

Stool. Constipation; during pregnancy, dentition, jaundice, worms. *White stools.*

Urine. Small calculi pass.

Enuresis with gravel.

Ischuria, with or without gravel.

Lungs. Cough: incessant, loud, ringing; on lying down at night; from 4 p. m. till morning; sympathetic, from worms; asthmatic, wheezing and dyspnea.

Easy, mucous expectoration, and strong taste of blood.

Skin. *Violent itching all over body, without any visible eruption or swelling.*

Intolerable itching all over the body, in pregnant women, < at night, preventing sleep; < from scratching; no perceptible eruption on skin.

Terrible itching over whole body, with swelling of face and particularly of lips; is compelled to scratch incessantly without relief; < at night; in bed; warmth; cold water causes burning; lasts from seven to ten days, when desquamation of small scales from surface of whole body occurs;

as soon as desquamation is completed itching and swelling return.

Pain under left scapula for three days, when an herpetic eruption appeared on axilla of affected side, spreading in rings forward to sternum and backward to spine, with burning and smarting.

Itching, without eruption, first on feet, every winter higher up; after seven years reaches hips and abdomen.

Jaundice: skin yellow in spots or all over, and excessive itching at night.—*Guiding Symptoms.*

Clinical Medicine.

THE CLINICAL THERMOMETER.*

M. A. A. WOLFF, M. D., GAINESVILLE, TEX.

Every physician ought to have a clinical thermometer, the costlier, the more complicated and bewildering to laymen-onlookers, the better.

It indicates or ought to indicate whether a patient is feverish or not; it indicates or ought to indicate the height of the fever, from which, if possible, to make a *guess* what the impending sickness shall be called. But especially it enables the physician to put on a serious face and thereby impress the patient, his family or his friends with, the idea that it is a very grave case and that, if a cure is the issue, the doctor must be a great man.

Be not particular if the index in your indestructible thermometer has copulated with the mercurial column, only put it in *situ*, leave it there for five or ten minutes while you hold your watch in the palm of your hand to see the minutes drag along slowly, then take it out and make a grimace of thoughtfulness.

That this is “regular”-correct I know, for in a case of mine where “the best (allopathic) physician of the city” had been called for consultation, such a thing just hap-

* Written for the Missouri Institute of Homeopathy.

pemed and I, watching and seeing the fun with the index-wanting glass pipe, could not help smiling, and that my smile was greeted with a countersmile, is an *a priori* conclusion.

For any *practical* assistance from its use, you might just as well do without the thermometer. So far, it ranges with bacillus, bacteria, germ, gonococci, microbe, micrococcii, etc., theories. What it tells us, if it tells us something, is very interesting, but does not help us to select the remedy.

For a *diagnosis*, as the word diagnosis is understood in allopathic lore, it does not help us either. I have taken to mind the several descriptions of which the most explicit tells us how high the thermometer ought to rise to indicate such or such a disease, such or such a stage of the "disease—*in spe*." My experience is that the statements are not sufficiently reliable, and in all those diseases, the physicians know—as they did long before the thermometer was in use—what the disease is, just as fast as the thermometer is able to tell *or rather ratify* the diagnosis, which is indifferent to the homeopathic prescriber, as he does not prescribe for a name but for the patient.

The only thing for which it *seems* good is for the *prognosis*; finding it $108\frac{1}{2}^{\circ}$ "death is almost certain," and still it has been up to 112° and more and no death followed. So much then for prognosis.

If we would prescribe after thermometer indications we would surely run a muck. From an allopathic journal, received several weeks ago, I glean that in "pneumonia" physicians are cautioned against prescribing from the indications of the thermometer, and thus there is another allopathic discovery which is old to us Homeopathists.

Is the thermometer then really of no *practical* use? Well, it is a toy which has become a fashion, and if you do not apply it whenever and wherever called, you are considered "N. G.;" laymen will complain: "he did not put that instrument under the tongue or armpit" as they have been educated to take such an act as a criterion for a "right smart" doctor.

Furthermore, it is a fine thing for instrument makers to get up a new patent, and from month to month drain the physician's pockets, if there is anything to drain, for there is hardly a monthly medical journal which has not a new indestructible thermometer, with or without certificate, to recommend.

Well, brethren, you wonder why I bring forth such a seemingly unprofitable theme? This I shall state in conclusion. At present the thermometer is valueless as an assistance in our exertions to accomplish a cure, because we have no proving.

"In what potency" you ask, "shall it be administered?" The proving we want is something different; of pathogenesis we cannot speak. It can only be what the name "clinical" thermometer indicates, a quasi clinical experience.

I have tried to find some exact data of the effect of Aconite, Belladonna, Baptisia, Nux vomica, etc., doses upon the rising of the thermometer; but my experiments have been futile. Perhaps it was *my* fault. However, if anything exact can be found, the thermometer-indication might become an assistant factor in a "totality picture." When that time arrives its indications will be useful to Homeopaths especially. And it is to suggest that somebody who has the necessary time, patience and acuteness of observation do the work, that I have brought the subject before your learned body.

"Sometimes the body is cold," says a friend, and "still there is fever, and in these cases the thermometer is needed!" It would be so if the rise in the pulse ten beats in excess did not—as the books tell us—give indication of one degree in excess of thermometer.

MEPHITIS.—The poison was accidentally thrown into the eye, and for weeks the prover suffered with a "Sensation on opening the lids, as of breaking glass." On the advice of Dr. Farrington it was antidoted with Crotalus.

LETTER FROM INDIA.

C. S. DURAND, M. D., BILASPUR.

Perhaps the readers of the *ADVANCE* would like to know some of the means employed by native doctors in India. I have not had sufficient opportunity to learn all the abominations practised for the cure (?) of the sick, but these may be sufficient for one installment.

The sovereign remedy for most ailments is cow dung. It is procured as fresh as possible and applied on the head and body in cases of fever; also locally for contusions, burns and scalds.

If this treatment fails in fever, a favorite practice is to shave the head and burn the skin of the abdomen in from fifty to a hundred points with a hot iron. If these mild and highly agreeable proceedings all fail, and the patient dies (if it is a man or male child), the fatal termination is attributed to the sinfulness of the wife or mother.

In cases of ophthalmia, which are very common, it is not unusual for the native doctors to drop something into the eyes which destroys the sight at once by perforating the cornea. I do not know what they use, but several cases have come to me whose eyes have been thus treated.

A little better than these doctors—probably on a par with the average old school physicians of thirty years ago—are the native “Hospital Assistants.” These have taken lectures at the government medical institutions in Bombay or elsewhere in India, and are stationed in all large towns. These hospital assistants are in charge of a small hospital and dispensary and are supposed to give free medical assistance to all who apply. But the rule is, the poor are neglected while those who are able to “tip” the doctor are given the utmost consideration.

One might suppose that Homeopathy would have no show or representation here at all under such *regular-ly* regulated circumstances; the British government having a complete system of medical work all through the country, with finely educated and highly paid physicians located in the principal cities and central towns. But such is not the

case. The very *regularity* of the situation seems to have produced a reaction in favor of Homeopathy; and I know many families who keep homeopathic books and medicines and do their own medical practice in preference to calling on the old school physicians or assistants.

Homeopathic physicians however are rare. There are only three including myself, in this part of India. The other two are young ladies from the college at Ann Arbor, class of '87. Their practice is probably equal from a homeopathic standpoint to that of the average graduate of the same institution.

Who will help me prove some medicines found in this country?

MAGNESIA PHOS. IN FACIAL NEURALGIA.*

CLARENCE WILLARD BUTLER, M. D., MONTCLAIR, N. J.

On February 5, 1890, Mrs. D. M. S., a tall, large woman, obese and phlegmatic, 35 years of age, asked of me a prescription for a facial neuralgia of about a week's duration. She detailed the following symptoms: The pains were located in the right temple, cheek and supra-orbital region. They came suddenly and disappeared suddenly, remaining however, severe for a period varying from two to three minutes to two hours. In character they were tearing predominantly, but occasionally shooting or throbbing. No conditions of aggravation or amelioration had been observed. While giving her symptoms she was unable to restrain her tears, which fell rapidly without sobbing, a quiet tearfulness. She was apprehensive of a long and painful illness, which was probably due to former experiences, since some years before she had, on a number of occasions, in spite of the utmost exertions of her physicians, two of our ablest and most conscientious therapeutists, suffered for weeks with similar attacks before she was relieved.

I gave her Belladonna 200. February 7, (two days later)

* Presented to the Minnesota State Institute through its Bureau of Clinical Medicine.

a careful re-examination failed to show the slightest change in her condition, nor could I obtain further indications for treatment, except that she thought her pains were more frequent in the afternoon and again after midnight. She received a dose of Arsenic high, and on February 8, (the next day) at 10 A. M., her condition was still unchanged. Bear in mind I do not say unimproved, but *unchanged*. Now for the first time I discovered that the pains were relieved by external heat, for when I saw her she lay in bed with the painful side of her face upon a hot water bag, and this she said was the only thing which gave her any comfort during the paroxysms of suffering.

The indications now reinforced by this characteristic condition of an amelioration, were tearfulness; apprehension of long and painful sickness; pains in the right temple, forehead and cheek. In character they were intermittent with suddenness of onset and dizziness, tearing, or shooting or throbbing. *Relief from external heat.*

She received a single dose of Magnesia phos. cm (Fincke) dry, on her tongue. About an hour later by far the most severe attack of neuralgia which she experienced set in suddenly, remained for nearly or quite half an hour with unremitting severity, and then suddenly, and as it proved, finally disappeared, for since this time she has not the faintest pain in these parts.

I have offered this case for your consideration, because, in several ways, it seems to me instructive. There can be no doubt that the Magnesia phos. was the agent of cure, and this for several reasons.

In the first place her former repeated experiences militate against any idea of spontaneous, rapid termination; again because of the promptitude and completeness of the relief from suffering, and again, because of the undoubted temporary aggravation, an occurrence which many experiences have made a sure proof that the curative homeopathic remedy has been administered.

It does not detract from the interest of the case that the aggravation and subsequent cure followed the exhibition of a very high potency of the chosen drug, for it is but one

more added to the many experiences already recorded which show the efficiency and rapidity of action of these infinitesimals. The fact too, that but a single dose was given is not without its instructive significance.

After all, Gentlemen, the drug does not cure. That unknown, indefinable *something* which Hahnemann calls the "Vital force" is the true healer; the drug is but the switch which turns this powerful energy to a right direction of action. And this accomplished, we do but complicate our cases, hampering nature's honest efforts even when we do not render them unavailable, with our needless and senseless repetitions in dosing.

It is the fashion in our school of medicine to assert, and to repeat through all possible varieties of reiteration, that the greatest need of to-day is a revision of our *Materia Materia*. Although I do not know the man, or the men, who are fitted for this herculean task by reason of their vast ability and strict impartiality, I shall not deny this necessity. But I do desire to offer an earnest protest against the almost equally often repeated implication that the introduction of new drugs to the *Materia Medica* is undesirable until this revision is accomplished.

Why was it that the skilled and learned therapeutists who had formerly treated my patient, had been able only after weeks of suffering to zig-zag their patient back to healthfulness? Not because they were my inferiors in therapeutic skill, for I gladly record that my knowledge of the usefulness of *Magnesia phos.* in neuralgias was gained almost wholly from the graphic summary of the indications for its use given by one of these very men. It was because at the time when they were attending this patient, the therapeutic sphere of this drug as an homeopathic remedy was wholly unknown.

The drug which can show its power to turn healthward *any* case of sickness, or to relieve any conditions of suffering, has ample credentials for admission to our *Materia Medica*.

Let me ask in conclusion that those of you who have had no experience with this drug in conditions similar to those

herewith presented, will bear in mind its especial characteristics, for I am sure that given upon these indications it will not disappoint you.

These indications are, the right sided pains, tearing or shooting and *intermittent* in character, with marked *relief from external heat*.

For confirmation, other symptoms promptly relieved in this case should be borne in mind. These are the tearfulness, the mental state of apprehension of long painful illness, and the sudden appearance and equally sudden disappearance of the pain. [For the symptomatology see MEDICAL ADVANCE, Dec., 1889.—ED.]

THERAPEUTICS OF INTOXICATION.*

A. MCNEIL, M. D., SAN FRANCISCO.

In the treatment of intoxication and of the morbid longing for liquors, Dr. Gallavardin proceeds on the fundamental principle of Hahnemann to regard more particularly the symptoms of the mind and disposition, or as he expresses it, "the psychical ones"; and, as in chronic diseases, to administer one dose and allow it to act for several months. By observing these two conditions he has succeeded in obtaining brilliant results. The importance of the subject is such as to imperatively require us to give his manner of treatment and the indications for the fourteen remedies he uses; and it does not permit us to make any quotation, but they must be given *in extenso*.

Nux vomica. Disposed to anger. He is constrained to benumb his senses on account of grief and sorrow. Vomiting. When sober, gentle and bashful; when intoxicated, quarrelsome and sometimes weeping. Disposed to jealousy, envy, or disposed to commit suicide by drowning, shooting or stabbing. Inclination to sadness. Sexual instinct either depressed or excited. A small quantity of

* From a review of a French work by Dr. Gallavardin. Translated from the *All. Hom. Zeitung*.

liquor intoxicates him. Longing for red wine, white wine, beer, absinth or rum. Disposition to get drunk because of idleness; nervous sufferings of men or women, and of the latter during or after pregnancy. Lascivious thoughts which sometimes result in deeds. A mania to refuse the most necessary treatment. He is often thievish and cunning. Subject to constipation, vomiting or to eructations of his food with bad digestion. Tobacco smokers, gamblers, spendthrifts, even to the last of their property. Lavish from ostentatiousness; parsimonious to his family, but extravagant among others; he avoids his family but seeks the society of others.

Lachesis. Persons who are of a disagreeable, intolerable disposition and disposed to commit crime; revengeful, malignant, jealous, envious, and inclined to murder but not to suicide, only that he wants to cast himself under vehicles in order to be crushed. Loquacious during drunkenness and he talks about thoughts and affairs that if sober he would conceal. Longing for absinth. Tobacco smokers. Sometimes lavish, sometimes stingy. Thoughtless and frivolous.

Causticum. Obstinate, tricky and quarrelsome; gentle and inclined to weep while sober, when intoxicated strongly excited; excited sexual impulses (very characteristic for Causticum). Longing for whiskey and rum. Persons who have lost dear ones, adults who act childishly. Great indifference. Smokers. Sometimes inclined to steal. Young girls who are anxious to marry. Very lavish, extravagant.

Sulphur. Suffers from tetter or piles. Walks and labors slowly. Sleeps long and it is unrefreshing. His disposition is indolent and languid. He drinks secretly; has neither sense of honor nor will power. Longing for beer and wine. When sober gentle and when drunk coarse and rude. More intelligent when under the influence of liquor, and saying and doing things that he could not when sober. Corpulent or with well marked fullness of body. Frivolous and inconsiderate. Inclined to lie and steal. Envious, somewhat extravagant; cunning and

thievish. Tobacco smokers; gamblers. Sometimes parsimonious and at other times extravagant.

Calcarea. Corpulent; destitute of will power and of a sense of duty; makes himself disagreeable to others. Unfounded antipathy to certain persons. Disposition to lie and steal. Persons who have overworked their mental powers and thereby become stupid and who excite fears of losing their understanding. Envious, spiteful, revengeful, and therewith inclined to licentiousness. Gamblers, sometimes penurious and then again extravagant, either from a bountiful disposition or to gratify his own desires. No will power; unable to refuse even a glass of wine.

Hepar. Persons with deficient intellect, always dissatisfied, bad tempered and wrathful even to a desire to kill. Inclination to commit crime. Cannot do mental work without wine.

Arsenicum. Malicious, revengeful, jealous, inclined to crime, and to suicide by the dagger, poison or halter. He must drink something constantly, even if he can only obtain water. Inclination to vomiting and particularly diarrhea. Desire to persecute others.

Mercurius vivus. Dissatisfied with everything, every body and even himself. Subject to caries of the teeth, swelling of the gums, salivation, neuralgia, diarrhea, dysentery, and worm complaints. Bold gamblers, sometimes lavish and other times penurious. Squanders everything he can get. Very quarrelsome. He suffers from complaints which have been alleviated by palliation.

Petroleum. Drunkards who have neither the energy nor will to enable them to refuse a glass of wine. Vomiting if he takes the smallest quantity of spirits in excess. Talkative while intoxicated.

Opium. Particularly useful for whiskey drinkers, who drink because of humiliations he has endured. Weeps easily. Very merry, although stupid and sleepy during intoxication. It is indicated in merryness when drinking wine; stupid and sleepy when drinking beer, cider, and grain or potato whiskey.

Staphisagria. Is indicated in those who have in-

dulged in sexual excesses and then tried to strengthen their debilitated organisms by spirits. He prefers the sweet liquors. Sad before, during and after a debauch. Hyphochondriacal. He fancies he is persecuted. Bachelors or married men, who indulge in sexual excesses. Onanists. Jealous. Tobacco smokers.

Conium. Drinkers who indulge to drive away long continued ennui. Cold to iciness (sexually). Cannot bear the least sexual abstinence. Extreme apathy and but poorly developed mental powers. Adults behave as irrationally as children. Paralytic weakness of the loins and, which is still worse, in the legs. Disposition to paraplegia.

Pulsatilla. Drunkards who drink to strengthen the stomach which has been totally ruined. Sad while intoxicated; longing for cider. Chlorotic girls and women who drink to strengthen themselves; longing particularly for sweets; jealous, but still more envious and disposed to hate. Lavish from ostentation. Timid even to cowardice.

Magnesia carb. Suitable for those who drink liquors and who prefer dainties and sweets to other nourishment. Quarrelsome, sad, taciturn or loquacious. Face very red or bluish. Sleepless at night, sleepy in the daytime. When drunk talks incessantly.

All of these remedies must be administered in the 200th potency to the particular case in which indicated, and must not be repeated before two, three, four, six or seven weeks, and given without the knowledge of the patient.

In intoxication Gallavardin gives nine remedies, each according to its indications in the third, sixth, twelfth or thirtieth potency; six or eight pellets in a half glass of water and administers a teaspoonful every five, ten, fifteen or twenty minutes. The indications for these are the following:

In the convulsive form with spasms in the extremities, body or head: *Nux vom.*, *Belladonna*.

Jealousy: *Nux*, *Lach.*, *Puls.*, *Staph.*, *Hyos.*, to particularize.

Longing to quarrel or fight: *Nux*, *Hep.*, *Verat.*, *Hyos.*
Destructive fury: *Verat.*, *Bell.*

Murderous fury: Bell., Hep., Hyos.

Suicidal attacks:

(a) by poison, dagger, halter or crushing under vehicles:
Ars.

(b) by dagger, firearms, or drowning: Nux.

(c) by poison, but particularly by throwing himself from
high places: Bell.

Excessive merriment: Opium, Coff.

Playing comedies: Stram., Bell.

Mental activity: Sulph., Cal., Staph., Opium, Stram.

Sleepiness or sleep: Opium., Bell.

Cannot sleep: Nux, Coff.

Excessive loquacity: Lach., Caust., Hep., Petr., Mag. c

Shouting or screaming: Stram., Hyos., Ign., Caust.

Insulting or abusive: Nux, Hep., Petr.

Morose character before, during and after intoxication:
Hydr., Nux, Caust., Lach.

Inclination to go naked: Hyos.

Strong sexual excitement: Nux, Cinch., Phosph.,
Canth., and particularly Caust.

All of these remedies as has been said above must be
given without the patient's knowledge; to accomplish this
they must be given in wine or any wholesome drink.

We must not do the author an injustice by ascribing to him
anything mysterious in his treating the patient without his
knowledge; on the contrary his reasons are extremely log-
ical and are clearly the result of experience. He says
some drunkards are satisfied with their vice and will not
permit themselves to be freed from it. Others, if they
knew they were being treated, would aid the design
so that they would delay the recovery; some out of
contrariness would resist the treatment, and others again
in the uncertainty of the result would act so as to prevent
success. But if they are treated without their knowledge,
there develops in them during the undisturbed influence
of the homeopathic remedy acting on the mental sphere, a
natural inclination towards the good and what the other
particularly emphasizes a consciousness of duty and the
necessary will power to do what is right.

It is clear that Dr. Gallavardin considers drunkenness, and all that may be called alcoholism, as a mental disease, and that to him a drunkard or a drunk man is the same as a lunatic. That alcohol acts on the cerebral cells and the ganglion of the grey substance of the brain, paralyzing the mental activity as well as the limbs, which act is acknowledged by the pharmacologists as an established fact. But between inanition and paralysis there is an infinite number of gradations which depend on the quantity, quality and the period of action of the alcoholic liquors. We can therefore agree without further discussion with the author's views, so much the more, as the results which he has obtained, corroborate his ideas.

BILIARY CONCRETIONS, GALLSTONES AND THEIR TREATMENT.

SAMUEL LILIENTHAL, M. D., SAN FRANCISCO.

In the New York State Transactions of 1889 is an article by Dr. Gorham, of Albany, in which it is considered ridiculous for anybody to think it possible to relieve the agonizing pain incident to the passage of a biliary calculus with the thirtieth potency of Calcarea. Certainly the remedy has no known physiological action that would lead any man to expect it could control pain caused by direct mechanical irritation.

Dr. Gorham finds a faithful ally in Dr. F. F. Laird, who always thought that the administration of Calcarea or Nux vomica in a case of gallstones is perfect nonsense. If he had renal colic and a physician should give him any of these remedies, and did not give him a dose of morphine until that stone passed, he thinks he should give him a dose of lead as soon as he got up. It is a mechanical thing and you might as well try to set a broken arm with Calcarea.

E pur il muove. In the *Clinical Reporter* of January, 1890, a case is chronicled, where a delicate woman suffered for ten years from gallstone colic, and the remedies of the

old school had never given her any permanent relief. The attacks came on without any warning, and her pains were so violent and unbearable that she would throw herself upon the ground, emitting terrible cries and tearing her hair, *a cutting pain would set in under the right shoulder blade running from there to the right hypochondrium and epigastrium.* The attacks usually lasted about fifteen minutes, and generally terminated by the vomiting of fluid biliary masses, containing sometimes concrements, having the circumference of a pea and of different forms. She received a dose of Calcarea 30th every five minutes, and after the third dose the patient was very much improved (which shows nothing, as the attacks lasted usually only fifteen minutes). She continued to take the remedy three times daily, the attacks became less and less frequent and intense, finally disappearing entirely. No recurrence up to date, (which shows the action of the carbonate of lime in a moderate potency to do the same as thoroughly, as Carlsbad or Vichy will do, of which more anon).

The *Medical Era* of April, 1890, page 116, contains an article on *brachial neuralgia*, cured by Calcarea, for we read in its pathogenesis a simillimum to the case on hand —well then, it might even aid constitutionally to strengthen a broken arm.

In one of my German journals a case is reported of gallstone colic which narcotics failed to relieve, but which promptly yielded to thorough massage of the right hypochondrium and then of the whole abdomen.

This very case brings up the great differential point, which George Harley makes in his classical work on diseases of the liver: "As concretions of inspissated bile "and true gallstones appear to be lumped together, a most "important error, for while the one is the direct result of "a truly abnormal pathological formative process, in as "far as quantity is concerned, the other is merely due to "the relative proportions of the solid and aqueous ingre- "dients of the otherwise normally secreted bile. In fact, "the two kinds of solid substances which I designate as "inspissated bile and biliary calculi, bear no resemblance

"to each other whatever, either in chemical composition, "physical properties or pathological origin, except in so "far as they are both products of the biliary secretion." (Harley, l. c. page 335, *et seq.*, which ought to be read and digested by every physician).

On page 354 he gives us the *symptoms of inspissated bile*, which, like those of gallstones, may be sudden in their onset and painful in their duration. They usually begin during the period of fasting, most common between 10 P. M. and 10 A. M., either a dull aching feeling in the right hypochondrium, or an acute paroxysmal colic, sometimes increased by direct pressure, yet frequently relieved by soft manual frictions. In moderate attacks there is neither jaundice nor vomiting; when they are severe, there are usually both. The attacks generally last from twelve hours to twelve days; and generally subside as suddenly as they came on.

Symptoms and Signs of Gallstones.—Pain and jaundice, so characteristic of the affection, may be entirely absent, until they create local disturbance by occluding the common bile duct. Itching of the skin, worse on arms and legs, even to the fingers and toes; paroxysmally during day, but nearly unbearable at night, probably due to the irritative effects upon the periphery of the cutaneous nerves, of the bile acids circulating in the blood. Spasmodic paroxysmal pain about midway between xiphoid cartilage and navel, worse even on slight pressure, though relieved by gentle rubbing from right to left; nausea and retching, with or without vomiting. The pain arising from the passage of a stone through the bile-ducts depends much more on the hardness and shape than on the actual bulk of the concretion; a small, hard, angular stone producing agony, while a large oval one only a fractional part of the pain.

Treatment of Inspissated Bile.—During the attack hot poultices to the seat of pain, a continuous hot bath, an anodyne of Belladonna, to dilate the ducts, and follow it up with a smart purgative. In order to prevent the bile becoming inspissated, bicarbonate or sulphate of soda is given, which is transformed in the system into the glyco-

cholate and taurocholate of soda, and as long as they exist in the bile in sufficient quantity there is no chance of a concretion of inspissated bile (p. 364).

Treatment of Gallstone (p. 404).—As in the vast majority of gallstones cholesterol is their chief ingredient, its abnormal formation can be prevented by food and by medicine; let the patient avoid an excess of fatty and fat-forming foods, either liquid or solid, also sugar and starch. Schiff recommends the chlorate of soda for the dissolution of gallstones; others the citrate of lithia. Podophyllin and Iridin enjoy a good reputation, though it is hard to understand, as it prevents the formation, how it can be contra-indicated for the removal of a gallstone. For its expulsion one must facilitate its passage along the common bile duct into the intestines. If the stone be not large and the symptoms not severe, administer an anodyne containing a full dose of the tincture of Belladonna (which assists in dilating the duct), and placing the patient in a warm bath, while during the paroxysm of pain, the occasional inhalation of the vapor from a mixture consisting of one drachm of alcohol, two of chloroform and three of sulphuric ether, poured on a handkerchief in the form of a cup, is generally attended with great relief. *Only when the pain on account of its excruciating character is exhausting, a hypodermic injection of morphia over the painful spot may be admissible, for opiates are contra indicated in most hepatic cases.* During the whole treatment let the patient drink freely of alkaline water, which relieves the irritability of the stomach, facilitates vomiting, favors the secretion of liquid bile, which will again aid in floating out the stone. A brisk alkaline mercurial purgative finishes the treatment. Olive oil is frequently prescribed in order to facilitate the passage of gallstones and with good effects. Alkaline mineral water, as Carlsbad, Vichy, Ems, etc., may dissolve biliary calculi, at any rate they have the power to arrest the progress of their formation.

Drs. Gorham and Laird may thus see that high old school authorities reserve the hypodermic use of morphia in extreme cases, and Dr. Laird need not lose his head,

should he unfortunately suffer from an attack of inspissated bile. We may even be allowed to differ with these honored gentlemen whether an attack of gallstone colic always arises from mechanical obstruction, as small faceted stones may so irritate the walls of the ducts as to cause these unbearable pains, while a large mass of inspissated bile, may, by its very size, cause a paretic state and jaundice and vomiting prevail.

Our own authorities prefer, for the removal of these obstructions, Belladonna to Opium.

Thus Jousset (*Elements de Médecine pratique* 212, tome II): Belladonna is indicated for the excessive pains which force the patient to double himself up, pain accompanied by considerable bloating and vomiting.

Raue (3d. ed. 612): Belladonna during the colic is the most important remedy.

Kafka (*Hom. Therapie I*, 832) gives: Belladonna 3d, frequently repeated, or Atropinum when the epigastrium is very sensitive to pressure, with tragoz in face, hot head, red cheeks, accelerated pulse, oversensitiveness to light and noise, frequent vomiting which increases the pain, all worse at night; in despair the sufferer constantly changes his position, but it brings no relief. Where Belladonna fails Kafka relies on Morphine I, or Chloroform ten to twenty drops in half a litre of water. With the appearance of a light narcosis, pains and vomiting cease, a deep sleep sets in from which they awake free from pain.

We can easily understand that Iridin and Podophyllin will fail, when the impacted stone is mostly cholesterol, while they certainly will act beneficially in impacted inspissated bile.

Farrington (*Clinical Materia Medica*, 410) finds Podophyllin indicated in the torpid or chronically congested liver. The liver is swollen and sensitive and friction over the right hypochondrium relieves the sensation. The bile may become inspissated in the gall bladder, forming gallstones; the stools are constipated and clay colored, showing the absence of bile.

Drs. Gorham and Laird have no confidence in *Nux vomica*

for gallstone colic, and the same want of confidence is shared by others, for it will fail when the symptoms do not correspond. Let us look at the pivotal symptom of *Nux vomica*. Dunham and Farrington teach that it is irregular peristalsis, irregular spasmodic affections, violent retching with the vomiting; it is a gastric irritability which will probably be left after the gallstone of cholesterin has entered the duodenum, and it will act charmingly after *Belladonna*; but it cannot take its place at the start, and to give it during the first stages is love's labor lost.

The same may perhaps hold good of *Cinchona*, which is so highly recommended by Dr. Thayer, of Boston, who relies even on the tincture of bark during the paroxysm, saying that, unless some symptoms hint specifically to another drug, put your patient on a course of *Cinchona* and have him continue it for a number of months.

From our own experience we can ratify this treatment, even in the suitable alternation with *Nux vomica*, and in thus regulating the biliary functions of the liver the formation of concrements is prevented. In fact one of the characteristics of gallstones is the terrible peripheral itching, and under *Cinchona* we meet the edema of urticaria, the periodical obstruction in the gall bladder with colic, the jaundice, and instead of clay colored stools, rather dark greenish scybala.

How can lime salts control pain caused by direct mechanical irritation, is a question worthy to be studied out; but there Harley and Frerichs come to our relief, and show that an alkaline treatment is of the utmost importance in the treatment of a calculous diathesis, and what they accomplish with their mineral waters at Carlsbad, etc., our school can accomplish with the higher potencies of *Calcarea*. In looking at the pathogenesis of this *Calcarea ostrearum* we read of: "Great chilliness during the attack; darting pains from right to left, with profuse sweat, abdominal spasms and cutting colic in epigastrium; has to bend double, clench hands, writhe in agony; pit of stomach swollen like a saucer turned bottom up, painful to pressure; tight clothes about hypochondria are unbearable; flatulency with

gurgling in right side of abdomen; diarrhea, clay like stools, smelling sour or fetid; whitish stool with emaciation; chronic prurigo." We see here the dynamic action of a remedy *versus* its mere chemical action, and as both are here combined, we would advise even our learned colleagues to make a trial of Calcarea in suitable cases.

Why is Berberis so much neglected? Probably no remedy acts more directly on the gall bladder than Berberis, says Blake (*British Journal of Medicine*, 33, p. 660), and here its action strongly resembles that of Podophyllo-lum. We read of colic from gallstones, followed by jaundice; shooting, burning pressure in the region of the gall bladder; spasmodyc pains, confined to a small spot; hemorrhoids with burning pains after stool; general itching of skin, and especially prurigo senilis; renal calculi and renal colic; painless, watery, clay-colored, offensive diurnal diarrhea; gouty diathesis; gouty dyspepsia and gouty articular troubles.

Our *Materia Medica* is especially rich in hepatic remedies, as Carduus Mariae, Chelidonium, Chionanthus, Dioscorea, Lycopodium, and it would be waste of time to prove that a hypodermic injection of Morphine is not the Alpha and Omega for hepatic or renal colic. Even Jousset, the defender of clinical medicine, mentions Digitalis as the principal drug for violent pains with the sensation as if life would give out with tendency to fainting; icterus. He praises Arsenic for hepatic colic with syncope, deathly paleness and cold sweat; unsuccessful attempt at vomiting or burning pains with frequent vomiting; excessive debility. Lachesis and Vipera torva for hepatic colic lasting several days. Above all Jousset insists upon a diet which restricts the formation of biliary concrements, as fats, oils, butter, and especially recommends the use of herbaceous vegetables.

As a consolation to those of our colleagues who worship Morphine, we will only remark that large doses are not necessary, though it is astonishing what large doses patients bear during those excruciating pains. Kafka prescribes five grains of the first trituration of Morphine

in thirty teaspoonfuls of water, which must be always well shaken before taken, and orders a teaspoonful frequently till amelioration sets in in narcosis, or fainting and vomiting stopped. Our old friend Kafka always shows a leaning to the fleshpots of Egypt, a hankering which is no rarity in our own societies. I am far from denouncing the hypodermic use, for I, a poor old sinner, will never join the legion of honor, the International Hahnemannian Association, but its use stands too often as a signum paupertatis or of laziness. Alas! there is no royal road to find the simillimum.

[When the symptoms of Calcarea are presented by a patient—no matter whether the diagnosis be renal colic or Asiatic cholera—Calcarea, and no other remedy, will cure. To Drs. Gorham and Laird and a few hundred other pathological-worshipping-Homeopaths it may seem “ridiculous,” but that neither changes a law of nature nor renders inoperative the action of the simillimum. And Kafka’s advice “(who always shows a leaning to the flesh pots of Egypt)” or the quasi-approval of our valued contributor, to give Morphine as a palliative, does not make it any the less empirical. Better follow the law or join the other camp.—ED.]

FISTULA IN ANO.

C. C. HOWARD, M. D., NEW YORK.

The following case which came to my notice September 10th, 1886, illustrates so well the curative action of a similar drug in a high potency and a single dose; it also so well demonstrates the restriction which should always be put upon any surgical interferences in these cases, that I deem it of sufficient interest to report:

Mr. S—, aged 35, a machinist by trade, acknowledging to intemperate habits with a previous history of gonorrhœa and chancroid, but no evidence of syphilis, presented himself at my office on the above date, complaining of soreness, itching, smarting, and burning about the anus. These symptoms were < scratching, washing, un-

dressing, damp weather, warmth of bed, heat in general, and > by cold, clear weather.

He said there was a sensation at times as if a hot coal were placed upon the vertex and that he had an occasional sudden, sharp pain, like an electric shock, commencing over the left orbit and extending to the occipital protuberance lasting about a minute, these pains had become more frequent of late and particularly at any atmospherical change.

He also had a pain extending from the left shoulder to the left testicle with the sensation as if the testicle was being squeezed in a vise; this pain was always < in bed.

There was considerable perspiration about the head, particularly the forehead and vertex; also a profuse perspiration of a sour smell, on the genital organs.

Upon examination I found a complete fistula in ano, the probe entering about half an inch to right of the anus and entering the rectum just below the internal sphincter, with a slight, though constant discharge of bloody pus.

Around the annex and extending to the buttocks there were a large number of papules bleeding quite profusely upon being scratched; these papules were to be found upon the legs and scattered over the body.

I gave him one powder of Mercurius sol. cm, and six powders of placebo, one to be taken every second morning, requesting him to call at the end of two weeks, at which time the neuralgic pains had nearly ceased.

I saw him at frequent intervals for about three months, when the fistula had entirely healed.

SPECIALISTS: HOW THE COUNSELOR'S FRIEND RAN THE GAUNTLET OF THE SPECIALISTS.

OLIVER WENDELL HOLMES, M. D.

"'My family doctor,' he said, 'was a very sensible man, educated at a school where they professed to teach all the specialties, but not confining himself to any one branch of medical practice. Surgical practice he did not profess to meddle with, and there were some classes of patients whom

he was willing to leave to the female physician. But throughout the range of diseases not requiring exceptionally skilled manual interference, his education had authorized him to consider himself qualified to undertake the treatment of all ordinary cases. It so happened that my young wife was one of those uneasy persons who are never long contented with their habitual comforts and blessings, but always trying to find something a little better,—something newer, at any rate. I was getting to be near fifty years old, and it happened to me, as it not rarely does to people at about that time of life, that my hair began to fall out. I spoke of it to my doctor, who smiled, said it was a part of the process of reversed evolution, but might be retarded a little, and gave me a prescription. I did not find any great effect from it, and my wife would have me go to a noted dermatologist. The distinguished specialist examined my denuded scalp with great care. He looked at it through a strong magnifier. He examined the bulb of a fallen hair in a powerful microscope. He deliberated for a while, and then said, "This is a case of *alopecia*. It may be partially remedied. I will give you a prescription." Which he did, and told me to call again in a fortnight. At the end of three months I had called six times, and each time got a new recipe, and detected no difference in the course of my "*alopecia*." After I had got through my treatment, I showed my recipes to my family physician; and we found that three of them were the same he had used, familiar, old-fashioned remedies, and the others were taken from a list of new and little-tried prescriptions mentioned in one of the last medical journals, which was lying on the old doctor's table. I might have got no better under his charge, and should have got off much cheaper.

"The next trouble I had was a little redness of the eyes, for which my doctor gave me a wash; but my wife would have it that I must see an oculist. So I made four visits to an oculist, and at the last visit the redness was nearly gone,—as it ought to have been by that time. The specialist called my complaint *conjunctivitis*, but that did not

make it feel any better nor get well any quicker. If I had had a cataract or any grave disease of the eye, requiring a nice operation on that delicate organ, of course I should have properly sought the aid of an expert, whose eye, hand, and judgment were trained to that special business; but in this case I don't doubt that my family doctor would have done just as well as the expert. However, I had to obey orders, and my wife would have it that I should entrust my precious person only to the most skilful specialist in each department of medical practice.

"In the course of the year I experienced a variety of slight indispositions. For these I was auriscoped by an aurist, laryngoscoped by a laryngologist, ausculted by a stethoscopist, and so on, until a complete inventory of my organs was made out, and I found that if I believed all these searching inquirers professed to have detected in my unfortunate person, I could repeat with too literal truth the words of the General Confession, "And there is no health in us." I never heard so many hard names in all my life. I proved to be the subject of a long catalogue of diseases, and what maladies I was not manifestly guilty of, I was at least suspected of harboring. I was handed along all the way from *alopecia*, which used to be called baldness, to *zoster*, which used to be known as shingles. I was the patient of more than a dozen specialists. Very pleasant persons, many of them, but what a fuss they made about my trifling incommodeities!""—*May Atlantic*.

[There is more truth than fiction in Dr. Holmes' sarcastic criticism of the methods of modern specialists. And our own school is not very far behind. The craze to become a specialist is now almost universal, so much so, alas! that the patient is practically neglected in the desire to make a scientific (?) diagnosis, and as a consequence a failure to cure. Would it not be better for our cause and better for our patients, if we must be Specialists, to be specialists of homeopathy; not mix all kinds of allopathic empiricism in our specialty. The physician's highest duty is to heal the sick.—ED.]

WHEN TO REPEAT.*

DANIEL W. CLAUSEN, M. D., PHILADELPHIA.

At our last meeting, the case of Dr. Long afforded opportunity for some discussion. The doctor had been troubled with certain so-called bilious symptoms; he took *Nux vomica*, the indicated remedy; and on the following day had a diarrhea—probably a reaction of nature against the doses of *Nux*, whose primary effect is constipation. This diarrhea was nature's mode of relief, or what may be termed a favorable crisis. The doctor was unwisely advised to take a remedy for the purpose of checking these alvine evacuations; but he *very wisely* declined to do so. Had he taken the proffered advice, he would, in all probability, have become a far more sick man than he had been with the previous "bilious symptoms."

You are called to see a patient with diarrhea in the morning; his symptoms indicate *Bryonia* as the remedy; and you administer it. But, in the evening there is an exacerbation of the trouble. Now, no prudent Homeopath who knows that *Bryonia* has this evening exacerbation in its pathogenesis, will either repeat the remedy, or administer another.

There are various crises in disease; and we cannot always predict what may be the crisis in any particular case. Sometimes we may not observe any. The natural crises in cases of disease undisturbed, seem, however, to be more marked than the crises following appropriate homeopathic treatment. These crises are nature's measures of relief; and it is highly dangerous to suppress them as mere symptoms. Who but an "ass" ever attempts to suppress the night-sweat (as a symptom) of a phthisical patient? What is the "weakening" influence of these sweats, compared with the aggravated and consuming fire within, consequent upon the suppression of them? Then, look at the conservatism of kind nature. She tries her very best in the early stage of typhoid fever to keep the bowels bound.

* Read before "The Organon and Materia Medica Society" of Philadelphia, May 6, 1890.

Now dare to open the bowels of your patient, regarding the constipation as a condition to be relieved, and before you be well aware of it, intestinal hemorrhage will have set in. Your consumptive patient complains of constipation. Dare to keep his bowels open by means of laxatives; and before you be well aware of it, the tuberculosis will have gotten full play of the intestinal tract, and rapidly will your patient sink.

As incident to the physiological action of drugs in the living organism we have the phenomena of action and reaction; so it is in natural diseases. The motive power, force, or whatever you may be pleased to term it, in medicinal agents is a *like power* to that which invokes the natural disease, or, in other words, which disturbs the feelings and sensations of the living organism, and produces all the varied objective pathological expressions incident to the disease. Nature, so long as she has power, always *reacts* against morbific forces whether natural or medicinal. Hippocrates was the first to observe that these vacillations occur not only in disease, but also in health. There is an ebb and flow as peculiar to our organisms, as to the tides of the great waters; and even to the lunar changes we are more or less susceptible, notwithstanding the ridicule of those wiseacres who laugh at everything they see in a medical book, concerning the influence of the moon upon the animal economy.

As Dr. Kent remarks in his admirable article on Carbo veg., to be found in the April No. of THE MEDICAL ADVANCE, "The greatest study of the Homeopath is in becoming acquainted with diseased action"; and it is especially true what he further states, that we find this to a better advantage in drugs than in natural sickness. It is not enough for us to be so-called "good prescribers"—it is not sufficient for us to select the appropriate remedy, to give it in the proper potency and dose. This is truly to do a great deal; but the great question: *When to repeat*, is to be settled and determined only by an understanding of diseased action and a thorough knowledge of the drugs employed; for it is by this knowledge alone that the observing physician

knows how to recognize and appreciate the phenomena of action and reaction going on in the system after he has administered the remedy; and the cessation of this action and reaction alone will be his guide for a repetition of the same remedy, or the exhibition of another. But, how is he to know *when* action and reaction have come to a halt, if he does not understand diseased action and drug action in accordance with Dr. Kent's suggestion? It is one thing to be what is ordinarily termed "a good prescriber," that is, one who selects his remedy in perfect harmony with the symptoms presented by his patient, and then administers that remedy in the proper dose; but it is quite another thing to be a *master*. A master is he who is not only fully up to the selection of his remedy and dose, but who is also fully conversant with diseased action and drug pathogenesis; he is prepared for every exigency; he is master of the entire situation. He must also, of course, be possessed of fine powers of observation and judgment.

MEAN VERSUS STANDARD TIME.

G. M. PEASE, M. D., SAN FRANCISCO.

What can this have to do with the practice of medicine in general or in Homeopathy in particular!

There may be no connection whatever, and yet I have lately been thinking it may have considerable bearing when it comes to the selection of a remedy in which the hour of aggravation seems an important factor.

Upon the adoption of the standard time there were places in which no alterations were made, but many others in which a full half hour would mark the difference.

A few instances in practice have led me to believe that our therapeutical time table must be changed to compare with the location in which we live.

A very marked case of night cough at ten minutes before eleven, invariably for many nights, finally decided me to give Rumex, which has eleven o'clock aggravation. The cough was stopped at once. Another nearly identical case yielded as well.

A case of 2 A. M. aggravation, according to our time table, invariably came at ten minutes before two.

When the change to standard time was made I knew what the difference was in my locality, but having become accustomed to the change no heed was taken afterward. Inquiry of several persons brought the same answer; they had forgotten.

It has finally been ascertained that the mean time here is just ten minutes faster than the standard, which corresponds with the ten minutes before the hour at which the aggravations referred to occurred.

In the interests of accuracy in prescription I venture to throw out this hint, and ask observers to make a note of it, and report experience. It is presumable that our "time table" was based upon the mean time of the localities in which provings were made.

VERIFICATIONS: FROM MY NOTE BOOK.

H. D. CHAKRAVARTI, SERAMPUR, BENGAL, INDIA.

Calcarea Iod.—Some time ago, a girl aged about 14 years, was left to my treatment for a malarial enlargement of the spleen, from which she had been suffering for the past nine or ten years. The frequent relapses of her fevers were checked by the large doses of quinine, arsenic and other so-called allopathic specifics. She had also milky white leucorrhea since the eleventh year of her age. Menstruation and other signs of puberty, though they commonly appear about the age of twelve years in this country, did not show themselves in this case up to this time. Both leucorrhea and enlargement of the spleen were completely cured by Calcarea iod. 3x in about a month.

Calcarea Iod.—A cold swelling of the right inguinal gland in a person subject to constitutional syphilis, where continual application of hot linseed poultice did no good whatever, rapidly yielded to a few doses of Calcarea iod. 3x. In this case the marked Calcarea constitution of the patient led me to prescribe it.

Calcarea Ars.—I have seen, very often, cases of infantile diarrhea, consisting of profuse, colorless, watery stools, mixed with brownish flakes and accompanied by thirst, restlessness and slight flatulent distention of the abdomen, vomiting, etc., cured by Calcarea ars. 6x. This medicine is found especially efficacious in cases connected with dentition.

Mercurius Sol.—Intermittent fever of tertian type and of rather anticipating nature. Slight heat alternating with slight chilliness, especially when moving or uncovering. During heat frequent passing of copious, clear urine and thirst, compelling to drink much at long intervals. Profuse sweat, especially on the head and trunk breaks out during sleep at night; and also when moving about. Had also a muscular pain in the left infra scapular region < during the last part of night and passed off every day as the sun ascended high. Four doses of Mercurius sol. 6x cured. This case occurred during the last winter.

Azadirachta Indica.—A robust man, aged 35, came to me complaining of burning in the eyes and a glowing heat in the face, coming on every afternoon. Gave Azadirachta indica 3x. one dose, which cured the paroxysm of burning and heat; but this was soon followed by an attack of dysentery, which passed off without any medication.

I have prepared tinctures of some plants indigenous to this country, with which I shall gladly furnish physicians if they like to obtain their provings.

INTERMITTENT FEVER IN THE SOUTH.

H. C. MORROW, M. D., SHERMAN, TEX.

I am glad to see the protest of the editor of the **ADVANCE** against the use of quinine in the treatment of intermittent fever in the south, or for that matter in any other section of our country.

That great bugbear “congestive chill” or “pernicious intermittent” is an amusing thing. Some physicians are always having cases of congestive chills or pernicious in-

termittents, while others living in the same locality, doing as large or even a larger practice, scarcely ever see a case. I have been gravely informed by physicians that they have had five or six cases of congestive chills in a month. And what flattering unctious the chronic shaker lays to his soul when he can boast of having had two congestive chills, and was saved from a third only by the heroic efforts of his physician.

I have practiced twelve years in malarial regions, have seen and prescribed for numerous chills every year of my practice, and I have never seen a case of pernicious intermittent, nor have I ever known of a well authenticated case. I have frequently heard that Mr. "So-and-So" had a congestive chill, or "Dr. knows-it-all" was called to a case of congestive chill, but such cases have always escaped my own individual observation. Possibly in some localities there may be well defined cases of pernicious intermittent, but the point I desire to make is that they are very rare exceptions. But suppose one is called to a case of pernicious intermittent? Is that any reason that he should cast out the faith that at least should be in him, set at naught the only law of cure and trust to blind empiricism?

The trouble with so many Homeopaths is a lack of knowledge, and therefore a lack of courage. A man of knowledge is a giant in whatever profession or occupation he is engaged. We are too prone to be frightened at the name. Label a case of intermittent fever a "congestive chill," and the courage of the average Homeopath rapidly diminishes to the vanishing point. Would a Hahnemann or a Bönninghausen or a Lippe be frightened at an attack of fever, labeled "pernicious intermittent?"

Have we any well authenticated case of pernicious intermittent where these giants, as courageous in the field of therapeutics, as Napoleon on the field of battle, failed to cure strictly in accordance with the law of similars?

Now, my experience in intermittent fever, and I believe that it will be corroborated by the experience of every one who conscientiously tries to cure these cases according to the law similia, is that the more severe the paroxysm, in

fact the more dangerous the case *seems* to be, the easier it is to cure. Why? Simply because the indications are so prominent and unmistakable, the peculiar and characteristic symptoms so plain, that a good prescriber can not fail to note them, and therefore to arrive at the totality of the symptoms, and in intermittent fever, when you prescribe that remedy highly potentized which covers the totality of the symptoms, *it will cure*. This being the case in the severe forms of the simple variety, why not in the pernicious form? Is the pernicious intermittent anything more than an intensified form of the simple variety? The best writers in both schools of medicine are agreed on this point. Yellow fever, cholera, typhoid fever, diphtheria, meningitis, all the zymotic types of disease are amenable to the indicated remedy. Why then should pernicious intermittent be the solitary exception to the rule?

In the intermittent fevers of Texas it is not the severe paroxysm, the hard shaking chill, and the short but hot burning fever that is difficult to cure, but the partially suppressed and the masked intermittent—the so-called "dumb chill"—that tests one's skill to the utmost. Intermittent fever is made difficult of cure by the quinine and chill-tonic-mal-treatment. The merest tyro can administer a few doses of quinine, and render a previously simple case so difficult that the ability of even the master of therapeutics would scarcely be able to restore the patient to health. After such a prescription or mal-treatment, we have a succession of images as changeable as the different views in the many turns of the kaleidoscope. Not only does quinine spoil or render difficult a previously easy case, but a potentized homeopathic remedy wrongly prescribed, will cause the same uncertainty of cure, if not the baneful effects of quinine. In these cases even after the most careful prescription, the chill will return perhaps several times, and if the precisely similar remedy is given at each new return, the image at each return more nearly approximates the original first chill, and when that result is achieved and the remedy which was first indicated is administered, we will make a final and lasting cure. On the

other hand we are sometimes told to inquire for the symptoms of the first chill, and prescribe the remedy which was indicated for that first paroxysm. This is good advice where such information can be obtained; but frequently after the most careful and searching inquiry, one can not learn an original characteristic first symptom.

In the South especially, where quinine is a staple article of diet, where the chill tonic vendor heralds his impudent and brazen pretensions to suffering humanity on every wall, fence and rock, and where the physicians who should expound the gospel of reform, join hands with their allopathic competitors in the mal-treatment of the sick, "chill doctoring" is the most difficult branch of our art. These cases have been so butchered and bedeviled that not the least resemblance to the original picture of the disease remains, except that the patient has some kind of a fever with some sort of an intermittency or remittency in its quotidian or tertian returns. If the physician should be so fortunate as to be called after a first chill, before the inevitable and ever failing quinine or "chill tonic" has been given, he cannot be too careful in the first prescription. Examine the patient according to the instructions of Hahnemann in the Organon, arrive at the totality of symptoms as there directed, prescribe that remedy whose pathogenesis is most similar to the totality of the peculiar and characteristic symptoms, and success will crown our efforts. But suppose the Allopath or the doubting homeopathic Thomas has preceded us, or to save expense, as the prescription if a physician is called is a foregone conclusion, the head of the family has purchased and administered the never cure standby, then what is our duty? Under such circumstances I am often tempted to refuse the case, because ignorance has erected barriers and invested the case with such difficulties that the wisdom, experience, labor and research of the most skilful, finds it no easy task to cure. If we accept the case, and as true physicians we can not refuse, the patient or his parents or friends, must be made to understand the difficulties of a cure, and if the case is slow to respond, than the burden of fault is not

ours. Under no circumstances should we make any concession to the evil one, because by so doing we forfeit our self respect, and often by the policy of suppression, entail incurable diseases on our patients and render miserable the remainder of an otherwise happy existence.

NICCOLUM: A VALUABLE KEY NOTE.

DANIEL W. CLAUSEN, M. D.

In prescribing for throat troubles of the *right side*, the prescriber should not too hastily select *Lycopodium*, because of the well known peculiar choice of this remedy for the right side. *Niccolum* also bears a strong relation to right sided sore throat; but its striking characteristic consists in an *exquisite tenderness, soreness to touch, externally*, of the affected (right) side. This distinguishing feature of *Niccolum* renders it a very efficacious remedy, clinically confirmed, in the worst forms of sore throat, diphtheria included.

CONVENTIONAL MOURNING OR HEALTH.

Which shall it be? The time has come to choose. Unmitigated mourning must go. A movement has been started in England to put an end, if possible, to the present irrational mourning costumes that exact of women great personal inconvenience, physical injury and disastrous expense. The conventional costume of a well-bred widow, for instance, possesses every known quality of unhygienic, non-esthetic and costly dress. Proper exercise while she is wearing it is out of the question. Seclusion is secured in ways less barbarous, perhaps, than inducing deformity of the feet, yet our occidental mourning customs effectually keep women within doors. The heart of the stoutest warrior might quail within him if a quiet stroll required the wearing of two crape veils, each six feet long originally and only slightly shortened, but not lessened in weight by a hem half a yard deep—one veil to be worn over the face and the other to hang down the back. The widow's gown

must be inconveniently long, the outside garment must cling, and both must be made of in-elastic, non-inspiring material. Add to this that within which passeth show, and the picture is pretty black. The husband who loses his wife escapes such outward trappings, not being forced to adopt any special habiliments that can incommodate or injure him. A simple band around the hat announces the fact of his changed circumstances and secures freedom from idle questions. Strange inconsistency of custom that thus discriminates between men and women, and always to the disadvantage of women in point of health. In this new crusade of common sense Lady Harberton takes the lead, setting forth in a recent article the reasons why existing mourning costumes should be abandoned by all sensible women. The materials now in use are in themselves injurious, the dyes being often of a poisonous nature and frequently injuring the skin and ruining the complexion. What woman who indulges in conventional mourning escapes the staining process resulting from damp crape? Only the victim can know the energy and perseverance required to remove from brow and neck the literal clouds that gather from such a cause. The harm to the exterior of the body is easily perceived. Not less injurious is the irritation to the respiratory tract caused by minute loose particles of poisonous crape.

To the pang of separation is added the thought that our loved ones are condemned to suffer physical discomfort for a year or two, and, possibly, diseased for an indefinite period.

Lady Harberton suggests that persons should provide in their wills that no mourning should be worn for them. This might have a modifying effect upon things as they are. But, of course, the whole matter, like every other social and domestic question, rests entirely with oppressed womankind. Women are not driven into mourning at the point of the bayonet. The Quakers get along very well without wearing it at all. The sincerity of their grief is not questioned because they remain clad in every day attire. If precedent is needed, it is pleasant to know that it

already exists, and to realize the fact that scores of calm-browed, earnest-hearted nineteenth century women have not needed mourning as a protection or a means of expression in the hour of affliction.

Grief would seem to be a personal affair, sacred to the individual, needing no outward sign of its having taken the world into its confidence, and having thus cast something of a shade over the joy of the living—said joy not being an inexhaustible mine in any community. Rather is the stock in perpetual need of increase.

The moral influence of mourning is more to be deplored than its physical effects. Gloomy garments, darkened rooms, all the subdued life of the house of mourning, depress the powers, lower vitality and absorb an undue quantity of domestic ozone.

Such unwise fashions tend to stultify the wonderfully recuperative powers of time and nature. Hugging grief to keep it warm is a poor business, and so is the worship of sorrow. Speed the day when it shall be unbecoming to wipe our eyes upon the public or dust our neighbors' shelves with any personal woe.

All that Diogenes asked of Alexander was that the king should stand out of his sunshine. And we have a right to demand of society that it take its mourning out of humanity's sunshine.—*Medical Record.*

Societies.

THE ONEIDA (N. Y.) COUNTY SOCIETY.

The quarterly meeting was held at the Butterfield house. There were present Drs. S. A. White, L. B. Wells, Clara Barrus, M. E. Hennessey, M. O. Terry, F. F. Laird, C. E. Chase, M. A. H. MacMaster, C. G. Capron, Utica; I. Dever, Clinton; George Allen, Waterville; R. L. Spencer, Trenton; L. L. Brainard, Little Falls; A. Gifford, R. F. Tousley, Rome. Dr. S. A. White, president, occupied the chair.

The names of Drs. MacMaster and Capron, of Utica,

were proposed for membership, and they were elected.

Dr. M. E. Hennessey read an interesting clinical paper on a case of acute paralysis. Drs. White and Laird also reported cases of interest. Dr. I. Dever, of Clinton, read the following paper on

WHAT IS HOMEOPATHY?

Some time since I received a note from the secretary of this association informing me that it was the wish of the president that I prepare a paper for this meeting. No subject was given me, hence I have chosen the above. You will readily see that this is a question which can not be confined to the limits of a paper necessarily curtailed for want of time; consequently it can only be treated in a general way.

I am not ignorant that the subject has been a fire brand in our councils, and has been the cause of fierce, wordy wars when introduced in meetings whose duty and object should be a free discussion of all subjects relating to medical science. We hope that our subject is well chosen, and that it may be the means of eliciting an expression from every member in the house in regard to Homeopathy, both as to what it is and what it is not.

Homeopathy is a principle, the understanding of which should direct the homeopathic physician in the selection of his remedy for the treatment of the sick. Webster defines it as "The theory and its practice that disease is cured by remedies which produce on a healthy person effects similar to the symptoms of the complaint under which the patient suffers." This is a short definition of the subject, but nevertheless it is one which falls short. We claim for Homeopathy more than a mere theory; it is a principle which we can and do demonstrate in daily practice. All sciences have their formulas which, in a greater or less degree, express the cardinal principles of the science. Homeopathy is no exception, and has for its formula the three short words, *similia similibus curantur*, which the average allopathist reads, "The hair of the dog is good for the bite." If you were bitten by a large serpent a very small bite from an exceedingly small snake

will work a perfect cure. How they will shrug their shoulders and laugh at those wise sayings, forgetting that the principle of Homeopathy is one thing and their version of its practice another.

Much depends upon a correct understanding of the law governing the science, as erroneous conclusions lead to wrong and dangerous practice. Especially is this true of Homeopathy. It is not all gold that glitters, neither is it all Homeopathy that is practiced under that name. Homeopathy is a principle or law which we regard as universal in its application for the cure of the condition known as disease. I speak for myself only, not for the members of this association.

Not long since I attended a medical meeting in which members spoke of liberal Homeopathy, mixed Homeopathy and pure Homeopathy. The science of Homeopathy is founded on law, and therefore, should be exact, not liberal. Mixed Homeopathy is not Homeopathy at all. Principle can not be mixed, neither can the practice of a principle mix with that of some other and retain its identity. I know of no one so perfectly at sea without chart or compass, as the physician who attempts to mix the different practices from the mistaken idea that there is good in all, hence he will be liberal and prescribe all. Would you trust your life to the liberal navigator who would throw away both chart and compass and "go it" on his experience? There is but one Homeopathy; never was and never can be any other than the first taught and put into practice by Samuel Hahnemann. This is progressive, not retrogressive. Hahnemann demonstrated the principle in practice; he gave us the Lesser Writings, the *Materia Medica Pura*, and Chronic Diseases, containing a large number of medicines, which he proved on himself and others, with hundreds of indications for the cure of the sick. Other writers and provers have continued the work, until to-day Homeopathy stands without a rival in that branch of medical science, to say nothing about the superiority of the law of similars as a sure and certain guide to the curative remedy. Our *Materia Medica* groans, so to

speak with symptoms of remedies, but I would not willingly have one single symptom expunged from its pages.

It is hardly necessary for me to speak to you in reference to what I regard as Hahnemann's greatest work, *The Organon*, in which he pointed out not only the law of cure, but illustrated how cures were brought about, and gave his followers full directions as to the proving of remedies—how to prove, what to prove—and when proven how to administer to the sick. And this is still going on and will continue until every substance in this universe shall have yielded to the hand of science and man in his wisdom shall know the sick-making properties (consequently the healing properties) of all. This is Homeopathy progressive as taught by Samuel Hahnemann and practiced by his followers of to-day; this is Homeopathy proving all things upon the healthy before administering them for the cure of disease; this is scientific Homeopathy, an understanding of which elevates the Homeopathic physician from the level of a mere doser to that plane of thought and perfection where he can prescribe knowingly and with mathematical precision. See Who are the Regulars, *ADVANCE*, January, 1890, page 59, and then tell us, if you please, who are the scientific physicians.

Dr. Terry made a statement of the condition and prospects of Faxton hospital, and solicited a liberal patronage for it on the part of the homeopathic profession.

A CURIOUS SCRAP OF HISTORY.

It may be of interest to some of our readers to know that Hahnemann was once considered regular (?) enough to be an honorary member of the Medical Society of the city and county of New York and was a member in good standing at the time of his death. We are indebted to Henry M. Smith, M. D., of New York, for the following:

Transactions of the Medical Society of the City and County of New York.—At a meeeting September 10, 1832, the following persons were proposed for honorary membership: John Sing Darcy, M. D., V. P. Medical Society of N. J., by Dr. Piatt; Dr. C. O. Kelly.

Surgeon in the British Navy, by Dr. McCaffrey; R. Dunglison, M. D., of Virginia, by Dr. Caruthers; Prof. Hecker and Dr. Heyfelder, by Dr. Leo Wolf; S. F. Hahnemann, by Dr. Gray.

At a meeting November 12, 1832:

Present—Drs. Cleves, Gray, Piatt, Bedford, I. H. Rodgers, Throckmorton, H. Sweeney, Leveridge, Bowron, D. L. Rodgers, G. Carter, John Stearns, Baxter, Drake, Sheldon, Gilbert, Milldoller, W. Anderson, Kirby, James Wright, Stephenson, Sandham, Bernheisel, Duval, and others.

Jas. W. Anderson, M. D., of the Island of Cuba, and Samuel F. Hahnemann, M. D., were elected honorary members.

At a meeting July 10, 1843, on the motion of James R. Manley, it was resolved: That the resolution* of this society of November 12, 1832, conferring honorary membership of this society on Samuel F. Hahnemann, † of Germany, be and the same is hereby rescinded.

AYES—James Wright, Fenelon Hasbrouck, James Stewart, William P. Buell, Aaron Wright, E. H. S. Holden, James R. Wood, John R. Van Kluck, Ashley, Isaac Wood, R. K. Hoffman, Kilbourne, Whiting, John Stearns, S. Hasbrouck, Bartlet, Vandervoort, Manley, A. Underhill, J. W. Bradshaw, B. R. Robson, O. White, E. L. Beadle, Thomas Pitts, B. W. Budd, J. H. Cheesman, Marvin and H. D. Bulkeley.

NAYS—Benjamin F. Bowers and Benjamin F. Joslin.

On motion of Dr. S. Hasbrouck it was

Resolved, That the resolution of Dr. Manly be published.

* There was no resolution, it was an election by ballot.

† Samuel F. Hahnemann had died at Paris eight days previous to this vote, in the 88th year of his age; had been 62 years a Doctor of Medicine (probably more years than the oldest of these voters had breathed); was the author of nearly 200 dissertations on medicine (more medical works than some of them had ever read). Was the founder of a system of medicine (the homeopathic) that numbers more followers throughout the world than any other school whatever and is the greatest boon to humanity ever conferred by mortal man.

THE
MEDICAL ADVANCE.
AN ADVOCATE OF
HOMEOPATHIC MEDICINE.
H. C. ALLEN, M. D., EDITOR.

The Editor is not responsible for the opinions of contributors. Personalities being foreign to scientific discussion, must be excluded.

Editorial.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime."—HAHNEMANN.

OUR INSANE ASYLUMS.—For the last few years the attention of the professional world has been called to the large percentage of recoveries and the low death rate in the asylum for the insane under homeopathic management. The people are gradually coming to know these facts, and as usual in such cases, are comparing results and asking questions. In our January issue, page 47, we published a condensed report of the Middletown asylum and some comparative statistics of the asylums under allopathic control, of which the following are the net results:

OLD SCHOOL ASYLUMS.

Per cent. of death on number treated.....	6.00
Per cent. of recoveries on number treated.....	27.23

THE MIDDLETOWN ASYLUm.

Per cent. of death on number treated.....	2.11
Per cent. of recoveries on number treated.....	51.79

And when, to the remarkably low death rate and the comparatively large number of recoveries we add a decreased expense *per capita* for medical supplies, an array of statistical facts are presented which should arrest the attention of the legislator. Here are results achieved by a young insti-

tution as startling to the philanthropic student of political economy as they are gratifying to the true Homeopathist, and no honest enquirer, no matter how prejudiced he may be, can help asking for the cause which produced such effects.

* * *

In the May issue of the *New York Medical Times* the editor thus accounts for these results:

Because nowhere else does the word *asylum* mean home, hospital and school. Because the Middletown N. Y. Asylum is bold enough to be individual, to break loose from the shackles of old notions and try its own strength in new departures. . . . Heat, milk, (especially hot milk) and rest have been found to be efficacious means in relieving and curing insanity. Add to these the skill of the trained nurse, now annually graduated from the asylum training school for nurses, and you have another necessary element in the make-up of a good hospital. The bed treatment, as in use at the Middletown N. Y. asylum, has been found very beneficial. . . . The school daily held at the asylum by a competent teacher is a great aid in correcting defects of early education, in exciting a healthy interest in intellectual, as opposed to indolent life, and in the recovering of lost powers. . . . Each case is studied by the doctor in charge, like the single specimen by the naturalist. . . . Amusements, prominent among which are acting and base ball, have been found very great aids in curing the manifold varieties of depression.

Every aid which science can bring to his assistance, either in diet or in the mental or physical hygiene of his patients, is no doubt gladly welcomed and promptly utilized by Dr. Talcott. He is not only conversant with the best methods and most advanced ideas in this department to be found in Europe and America, but is constantly inaugurating new methods of hygienic treatment adapted to the individual necessities of the sick. In this, as in the selection of the indicated remedy, the individualization of the patient is studied, so that routine in diet and hygiene is avoided.

But the editor of the *Times* seems to have overlooked the fact that every allopathic asylum in New York has access to the same hygienic measures he has enumerated, the same dietary and the same mental and physical training. How then does he account for the difference in mor-

tality and recoveries? Why did he not mention the fact upon which Superintendent Talcott lays so much stress in his report when he says: "*We use straight Homeopathy, and nothing else in the line of medication?*" This is the secret of the superior results obtained at Middletown. Deprive Dr. Talcott and his assistants of their strict individualization and the use of "Straight Homeopathy" and you reduce his results to the level of old school methods. Why was the editor of the *Times* not honest and frank in giving due credit for the only cause to which the result can be attributed?

* * *

OUR COLLEGE ORGANS.—Following the course mapped out by *The Clinique* of Hahnemann College, Chicago, nearly every homeopathic college has now its representative mouth piece. This plan is eminently practical, both for the faculty and students, present and prospective. It enables the student world to know what is being taught or what kind of Homeopathy they may expect to receive from the different chairs, didactic or clinical. This is honest and deception can hardly be practiced under this method. But perhaps this was not intended in the outset. Perhaps they have builded wiser than they knew. The student can at least make a better selection and avoid the shallows and rocks of empiricism and alternation.

* * *

"AN UNJUST IMPUTATION."—We hasten to assure the editor of the *Southern Journal* that nothing of the kind was intended, and we feel that the hard questions which he asks are not all meant for us. However, we must attempt to answer some of them:

What is there about Quinine, *per se*, that should cause it to be barred from our armamentarium?

Nothing. Neither is there anything about it, *per se*, that should cause it to be prescribed for every diagnosis of "pernicious intermittent fever," whether indicated or not.

Did Hahnemann, Dunham or Hering disbar Cinchona from their *Materia Medicas*?

No! Certainly not. Neither did they recommend it for

"congestive chills" whether indicated or not. The ADVANCE has never advocated the disbarring of any remedy—not even "highly attenuated dog's milk"—from the Materia Medica, nor joined the hue and cry for curtailing the symptoms of the remedies. It maintains now and has always maintained, that we have neither too many remedies nor too many symptoms of what remedies we have, if we only knew how to use them.

The true Homeopath is he who prescribes for the symptoms of his patient, the remedy most clearly reflecting them in its pathogenesis, even if that remedy be quinine.

Amen! This is the everyday teaching of the ADVANCE. It is the giving of Quinine for intermittent, or "pernicious intermittent fever" without reference to the symptoms presented by the patient, to which we object as empirical and unhomeopathic, whether done by Northern or Southern Homeopaths. The unprofessional fling in the closing paragraph of the article referred to, answers itself.

Comment and Criticism.

Ask yourself if there be any element of right and wrong in a question. If so take your part with the perfect and abstract right, and trust in God to see that it shall prove expedient.—WENDELL PHILLIPS.

CURE (?) BY THE KNIFE.

Editor Advance: A few facts in relation to *cure by the knife*, as advocated so generally by leading physicians and surgeons of the day, may not come amiss.

A sequel of what was in its day one of the most brilliant successes in abdominal surgery ever performed in this country, and one through which Dr. T. Gaillard Thomas won his present eminence as an abdominal surgeon, may be of interest to your readers.

Mrs. H. E., 56 years old, having passed the climacteric, found herself in 1879 with an immense fibroid tumor, and an operation for its removal, the only course open (?) between herself and death.

She entered the Woman's Hospital in December of that year, and remained there four months, returning to her family, as she supposed, cured. When the incision was made, it was deemed best to remove the uterus and ovaries with the tumors, of which there were three distinct ones. Dr. T. Gaillard Thomas performed the operation, with what *eclat*, the whole medical world knows, repeatedly assuring her that *no tumor* would ever return.

Six years afterward, she felt the beginning of a second growth, and went to Dr. Thomas about two months ago, for examination. He pronounced it a cyst springing from the pelvis, and made it evident that he would have preferred not to have seen *this* patient a second time; dismissed her quickly, advising her to again enter the Woman's Hospital, and charging her ten dollars for consultation. One would naturally think under the circumstances, that his private hospital would have been recommended and his personal supervision the very least he could have given under the circumstances.

She entered the Woman's Hospital, the second time, early in April, 1890, with many fears, for although assured that she was in a better condition than during the first operation, she reminded them that she was "now ten years older" than at the first attempt. She was buried the 20th of April. When the incision was made into the abdomen the second time, it was immediately closed; the removal of the cyst was not attempted. She did not "give up hope" till the last moment.

Our gratitude to the Master for his great discovery of homeopathic therapeutics, should never cease. The better way is apparent to the Homeopathician, and the removal and return to healthful action of the disturbing *cause* of the growth, the only efficient method of cure. Although we find in many cases, that Dr. Holmes was right in his assertion "that no doubt every disease was curable if taken in time," yet, we also find, in many cases, that "*time*" to have been several generations ago. Still the true development and understanding of Homeopathy, will place the surgeon in second rank, where he may only work *when*

called to do so, by the physician who observes the subtle workings of the vital forces, and men will learn that damming a stream, neither means drying it up, nor decreasing its activity.

S. L. G. L.

[We thank our correspondent for the facts related above. It was "a wonderful operation" at the time it was done and heralded far and near as a cure. But time shows the folly of attempting to eradicate a constitutional affection, by cutting off the product of disease. Time also shows the wisdom of Hahnemann's teachings, in the cure of chronic disease, and it is this teaching which our young men should study. And our college teachers should see to it that students are well grounded in the doctrines of the sage of Coethen; that the suppression of an eruption by external medicated applications or the removal of a morbid product by the cautery or knife, is not a cure. It is allopathic palliation, pure and simple, not homeopathic constitutional renovation. Such miserable bungling does not constitute a cure. As Homeopaths, we cannot afford to do such work. But we cannot do good work, until we know it; and our college men cannot teach it until they have done it.—ED.]

"CHRONIC SORE THROAT."

Editor Advance:—In replying to Dr. Clokey's criticism of my case—I refer to the one that had been under the care of two allopaths and one homeopath, and had had her tonsils removed without any benefit and with her voice hopelessly ruined—and which I cured in three and a half months.

The doctor commits a blunder in asking if the result was not spontaneous and not medicinal, and in assuming thereby that such cures get well of themselves. After the long time the disease had continued, it was clear that it was a chronic one, and of such a character that its course was one that would continue to get worse and not better. Permit me to ask the Doctor why it did not get well "spontaneously" under the previous treatment, particularly

when the tonsils were excised and the disease assumed to be removed. But the case was not a throat disease; it was a constitutional one with its manifestations in the throat. As to the Doctor's solicitude for the patient's purse, and his compliment to my magnetism, I will say, that with the frugality of her nation, I did not see her or prescribe for her except at the times mentioned; and for nearly all that time the patient was practically well with the exception of the malarial fevers, when I did not see her, as she lived in Louisville, while I lived on the north side of the Ohio. When the action of the remedy became exhausted the disease returned in a mild form and the promptness with which the pain disappeared after each prescription, but one, and that I ascribed to her having become insusceptible to that potency, and that she required a higher, proved that the medicine administered did the work. I therefore claim that each time that I gave the remedy and she improved was a demonstration that it did it. I acknowledge that my returning to a lower potency was a mistake. But although I had been giving high potencies for years, it took me a long time to work out for myself what had been practiced by Hahnemannians for years; that in chronic cases when the remedy has exhausted its action, the patient usually becomes insusceptible to that potency, and it is necessary to go higher. If that is experimenting I plead guilty; but if it had not been for experimenting by Hahnemann, Homeopathy would not have been heard of. And if I had not thus experimented, I would have been still giving 15 grains of quinine for intermittents, *et id omne genus*.

I sincerely compliment the doctor on his success in his case of "winter sore throat," but there is one thing lacking. His patient had an attack when she caught cold; his treatment cured it. Of course she remained well till she caught another cold. But if he will report the result the following winter his case will be more complete; and I am bold enough to predict that when it comes she will have another sore throat. And then his case will have required a year and he may go on relieving each attack for years,

but that would not be ten cures nor even one, till time had shown that she had no more "winter sore throat."

The doctor became somewhat foggy in his statement that: "While our duty to our *Materia Medica* is great, our duty to our patients is greater." All of our duty is to our patients; but in order to perform that duty we must study our *Materia Medica*, and we will thereby "cure more certainly, more quickly and more easily."

SAN FRANCISCO.

A. MCNEIL.

PORK EATING VERSUS PHTHISIS.

Editor Advance: With reference to your remarks on Dr. Beckwith's very able paper published in the February number of the *ADVANCE*, I have the honor to observe that consumption is not unfrequent among Hindoos and Mohamedans—the two great non pork eating nations of India. Being an Indian and a Hindoo by birth, I have had several opportunities of watching the disease among my countrymen; and I have come to deduce that pork-eating is not *the only cause* of consumption, although I dare not say that it may not be *one* of the many causes of this disease. The dietary of the Hindoos, like that of the Hebrews, is full of religious restrictions; and the *shastras* (law-books) of the former, although strictly prohibiting pork eating among them, relate in reference to the properties of the domesticated hog that it "contributes to the formation of fat, strength and semen."

P. S.—Permit me to subjoin briefly the following facts in connection with the causes of consumption: "Phthisis," say our ancient sages, "is caused by wilful retention of evacuations when nature is trying to expel them; by the debility brought on after loss of vital fluids, such as excessive sexual indulgence, etc.; by errors and irregularities in diet; by too much straining, such as lifting heavy weights, desperate fighting, etc." From this it may be plainly inferred that depressions following violent physical exertion may in some way bring on this dreadful malady.

H. D. CHAKRAVARTI.

SERAMPUR, BENGAL, April 15, 1890.

SANICULA.

Editor Advance: It may be well to offer a word of caution to physicians who may desire to procure from the pharmacies a preparation of the new and highly valuable remedy, Sanicula (Sanicula mineral water); and I can give the hint in no stronger manner than by relating the following incident: Dr. R. B. Johnstone, of this city, several weeks ago required an attenuation of Sanicula, for potentiating the drug on his centesimal potentizer. Accordingly he personally applied at a well known Homeopathic pharmacy for the 200th; but was informed that nothing above the "mother tincture" (!) was on hand. Out of pure curiosity he purchased a sample of the said "mother tincture," and took it to the office of Dr. J. T. Kent for investigation. This novel "mother tincture" (of a mineral water!) presented the appearance of a dark greenish vegetable tincture; and was found, by reference to the books, to be indeed a "Sanicula," but *Sanicula marilandica*, vulgarly known as "Snake root."

To avoid grievous errors, through simply ordering "Sanicula," physicians should ask for Sanicula mineral water.

D. W. CLAUSEN.

PHILADELPHIA, April, 1880.

ASSOCIATIONS OF AMERICAN PHYSICIANS.

Editor Advance: I dropped in to the afternoon session of the Association of American Physicians, now in session here, for a few chunks of wisdom, and here is what I got—the last of a statement in regard to the cultivation of the bacillus of tuberculosis. The doctor expressed the hope that the investigations would go on until we could use it as in vaccination for variola! Then came the exhibition of a tall spare man of determined aspect, about sixty-five years old, who is subject to attacks of syncope, during which his pulse runs as low as 11 and ranges between the attacks sometimes as high as 35, and also of a large, light-haired, fat boy, about ten years old, who is the victim of purpura; sloughing has occurred in the true skin of the

abdomen. Dr. A. Jacobi, of New York, prescribed Phosphorus $\frac{1}{16}$ grain, once a day, he said that perhaps he might take it for a month— $\frac{1}{16}$ of a grain of Phosphorus in a month! Pretty good for an allopath; quite homeopathic in selection and the dose might have been much worse.

Dr. Sinkler, of Philadelphia, read a paper on Migraine and the only thing that approached definiteness in therapeutics was that Cannabis Indica was the only remedy that had any lasting reputation! All this in the *highest medical scientific* (!) body in this country. I left then. I actually felt ashamed of my profession, when I saw those men sitting there dumb, offering nothing; not even Weir Mitchell could give anything for nervous headache; they could cultivate microbes and experiment—that was all.

CHAS. B. GILBERT, M. D.

WASHINGTON, D. C., May 15, 1890.

[There is no objection to the cultivation of microbes as a scientific pastime. But when a Homeopath abandons his law of Similars and essays to cure his patients by killing the microbes which he or his allopathic brother have discovered to be the cause of disease, it is time to call a halt.—Ed.]

New Publications.

THE PEOPLE I'VE SMILED WITH. By Marshall P. Wilder. Cassell & Company, Limited, 106 Fourth Avenue, New York. 1890.

“ This is a beautifully made book by a merry character, whose sunny nature deformity has failed to cloud. It tells of great men by the score, whom the merry writer has made laugh, and who have made him laugh in return. His description of English life and customs, of the London clubs, and of dramatic and other notabilities in Europe, are a delightful accompaniment to his charming stories of well-known men at home. This book is very liberally interspersed with anecdotal illustrations, witty, humorous, pathetic, general and personal. Every one will feel after reading it that the world is better for having had Marsh Wilder to make it laugh. There is not a single dull page nor uninteresting paragraph. The introduction by Colonel Cockerill is a classic.

The author has put us in debt, and the publishers have done themselves credit."

Thus wrote one reviewer and after reading the book we heartily endorse his opinion. If some of our over-worked doctors who are suffering from brain fag will read this book, it will be as beneficial as a vacation. Put this in your grip when you go on your vacation and you will soon forget your professional cares. The author is a son of our esteemed colleague, Dr. Louis de V. Wilder, of New York.

MODERN SCIENCE AND MODERN THOUGHT. With a supplemented chapter on Gladstone's "Dawn of Creation" and "Proem to Genesis," and on Drummond's "Natural Law in the Spiritual World." By S. Laing. Illustrated. The Humboldt Publishing Company, 28 Lafayette Place, New York.

We are not surprised to learn of the success of this work in England, where a sixth edition was demanded within a month from the date of first publication, for a more readable book we have not seen in a long time. The principal results of Modern Science, and the revolutions they have effected in Modern Thought, are concisely presented. Here are displayed the results of recent inquiries into the composition and constitution of the earth and of the universe, into the nature and laws of matter, the development of organized and animated existence, the history of man, the myths of all races and the religions of all peoples; discussions of the nature of force, motion, electricity, light, and heat. The work is in two numbers—117 and 118—of "The Humboldt Library of Science."

FOOD IN HEALTH AND DISEASE. By J. Burney Yeo, M. D., F. R. C. P. Pp. 583. Philadelphia: Lea, Brothers & Co. 1890.

The first part of the work is devoted to food in health. Here is given *in extenso* the Nature, Origin, Purpose, Classification, the Nutritive Value and Uses of the different classes of food. The author also discusses food in relation to age and condition, in infancy and childhood, at school, in adult life and advanced age, in the army, the navy and in prison life. Colonel Burnett's system of feeding the British soldiers and Beneke's diet for Carcinoma are fully considered, and may be studied with benefit by every medical man.

In part second, the question of "food in disease" is taken up. The author says: "In the management of all morbid conditions a suitable adaptation of the food to the altered state of the organism is of the highest importance. In no department of medical practice is *judicious discrimination* of so much consequence."

There are times in the treatment of both acute and chronic disease in which a physician is severely taxed to find a diet that his patient can take and retain; and here a work pregnant with sug-

gestions will be found most valuable. A diet is here laid down for nearly all acute diseases, from which in obstinate and intractable cases a physician may often obtain valuable hints. In most cases a systematic classification is attempted, the chief aim of the author being apparently the individualization of the patient. A rigid "cut and dried" diet for every disease, irrespective of the tastes and peculiarities of the patient, is folly, and this the author has largely avoided. "What is one man's meat is another's poison," has evidently been kept in view in the compilation of the work, and the result is one of the most practical guides on the subject with which we are acquainted.

PRACTICAL ELECTRICITY IN MEDICINE AND SURGERY. By G. A. Liebig, Jr., Ph. D., Assistant in Electricity in Johns Hopkins University, and George H. Rohé, M. D., Professor of Obstetrics and Hygiene, College of Physicians and Surgeons, Baltimore. Octavo; pp. 383. Profusely illustrated. Philadelphia and London: F. A. Davis. 1890.

This work consists of three parts:

Part I. One hundred and seven pages are devoted to Electricity, Magnetism, Batteries, Storage Electricity, etc.

Part II. Electro-Physiology, Electro-Diagnosis, and Electro-Medical Apparatus occupy 102 pages.

Part III. Consists of General Therapeutic Effects of Electricity and Methods of Application; Special Electro-Therapeutics and four pages of tables and formulae in Appendix.

This volume contains the latest and most improved methods of applying electricity in disease; is well illustrated and thoroughly practical from a scientific standpoint. Among the many recent admirable works on this rapidly developing branch of science, this book will find its place, at an early day, as a standard authority on Electricity.

A HANDBOOK OF DISEASES OF WOMEN. Second Edition. Revised and improved, with new illustrations. By Dr. F. Winckel, Professor of Gynecology, and Director of the Royal University Clinic for Women, in Munich. Translated by Dr. J. H. Williamson, Resident Physician of Allegheny General Hospital, under the supervision of, and with an introduction by, Theophilus Parvin, M. D., Professor of Obstetrics and Diseases of Women and Children in Jefferson Medical College. With 132 engravings on wood, most of which are entirely new. Small octavo: pp. 766. Philadelphia: P. Blakiston, Son & Co. Cloth, \$3.00.

The author's name has become well known in both continents, and as a teacher and writer of gynecology he is an acknowledged authority in his school. The latest knowledge and the best practice and mode of treatment is both clearly and completely presented in this work. It is just what the author has termed it, a

Handbook of the Diseases of Women, and as such has few if any superiors for the student or practitioner. Dr. Parvin in his introduction says: "Winkel gives great importance to gynecological medicine." This is certainly a timely interference, for as a rule the operative side is given the first place in all other later works. The pathological descriptions are very complete; in fact, few works with which we are acquainted approach it in this respect, making it exceedingly valuable to the practitioner as a work of reference or to the student as a text-book. The publishers have given an exceedingly handsome volume.

IN POTIPHAR'S HOUSE. By Rev. J. F. Flint, with an introduction by H. S. Pomeroy, M. D. 12mo: Cloth, 75c. New York and Chicago: John B. Alden. 1890.

This book is written for the young men of the country who have embarked, or are about to embark, on the rough sea that lies on the borderland of manhood. This troublous voyage all must take ere they reach smooth sailing or the haven of marriage. It is to warn the young man of the temptations and dangers of a sexual character to which he is exposed, and to which without proper warning he is too apt to succumb. Some of the table of contents are:

- I. Some Account of Potiphar's House.
- II. The Inmates—What They Suffer.
- III. The Inmates—What They Forfeit.
- IV. The Young Man in Conflict with Potiphar's House.
- V. How to Gain the Victory.
- VI. The Relation of Work to Victory.
- VII. The Wiles of Potiphar's Wife.
- VIII. Her Cousin, the Flirt.
- IX. The Back-street Entrance to Potiphar's House.
- X. The Ideal Courtship.
- XI. The Ideal Marriage.

Appendix: A Summary of what is being done in behalf of the Cause of Social Purity.

Carlyle says: "Surely, the time is coming when it will be known again what virtue is in purity and continence of life; how divine is the blush of young human cheeks; high, beneficent, sternly inexorable is the duty laid, not on woman only, but on every creature, in regard to these particulars."

THE TWELVE TISSUE REMEDIES OF SCHUSSLER. Arranged and compiled by Wm. Boericke, M. D., and Willis A. Dewey, M. D. Second Edition. Revised and enlarged. Philadelphia: Hahnemann Publishing House. 1890.

So far as new provings have been added, this volume is of increased value to the Homeopath; but the teachings of Schüssler are so crude and empirical in the main as to be of little value to

any one. Let us have a proving of each one of the remedies and we will no doubt add just so many polychrests to the *Materia Medica*. The most profitable work in which the bureaus of *Materia Medica* of both State and National Societies can be engaged, is to thoroughly prove these so-called tissue remedies, thus give them a legitimate place in the *Materia Medica* and remove them from the pernicious and empirical influence of Schüsslerism.

A NEW MEDICAL DICTIONARY. Including all the Words and Phrases used in Medicine, with their proper Pronunciation and Definitions, based on Recent Medical Literature. By George M. Gould, B. A., M. D., Ophthalmic Surgeon to the Philadelphia Hospital, etc. With Tables of the Bacilli, Micrococci, Leucomaines, Ptomaines, etc., of the Arteries, Muscles, Nerves, Ganglia and Plexuses; Mineral Springs of U. S., Vital Statistics, etc. Small octavo, 520 pages. Half Dark Leather, \$3.25; Half Morocco, Thumb Index, \$4.25. Philadelphia: P. Blakiston, Son & Co.

This is just what it professes to be, a compact, concise, convenient vocabulary, handy in size for ready reference. Authoritative. It is not merely a compilation from larger lexicons, but is based on recent standard medical literature, and we have no doubt will meet the wants of both student and practitioner.

It is printed on handsome paper, from a new type with clear, distinct face, and is bound so that it will lie open at any page. Send for a sample page if you want a lexicon.

A HAND-BOOK OF DISEASES OF THE SKIN. By John R. Kippax, M. D., LL. B., Professor of Principles and Practice of Medicine and Medical Jurisprudence. Chicago Homeopathic College. Fourth Edition. Revised and enlarged. Chicago: Gross & Delbridge. 1890.

That this hand-book has reached its fourth edition is all that need be said of its popularity. The descriptions of disease are concise and clear, the therapeutic hints, models of brevity and full of key note indications. But as a guide for the homeopathic student in the treatment of diseases of the skin, it is sadly marred by the recommendations of all kinds of mixtures and topical medicated applications, always liable to do much harm, and sometimes irreparable injury.

THE NEUROSES OF THE GENITO-URINARY SYSTEM IN THE MALE, WITH STERILITY AND IMPOTENCE. By Dr. R. Ultzmann, Professor in the University of Vienna. Philadelphia and London: F. A. Davis. 1889.

While there is very little in this work not found in other works on the subject, what there is of etiology and diagnosis is well given. It is concise and to the point. This is the case especially with part second which treats of sterility and impotence, and in this many practical hints can be found.

While the treatment is the latest "German improved" it is simply impotent, to use a mild phrase. The treatment of any of the neuroses by topical medicated applications and mechanical appliances—the treating of the effect while the cause is allowed to continue operative—is worse than useless.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. A Yearly Report of the Progress of the General Sanitary Sciences throughout the World. Edited by Charles E. Sajous, M. D., and seventy Associate Editors. Five volumes. Philadelphia, New York and London: F. A. Davis. 1889.

The second issue of this annual record of medical, surgical and sanitary progress, is, in scientific value, fully equal to its predecessor. As a work of ready reference for the busy man, these annuals of the medical sciences are great time savers. We much prefer the method of paging, per volume instead of per section, adopted in the former issue. This is the only important change we note. The general index in Vol. V. is very comprehensive. Every medical man or woman who wishes to keep abreast of medical science and know what advances are being made from year to year, or what progress in each particular department is marked should not fail to secure a copy. The publisher has given us a work which will grace any library; the printing, binding, etc., being in the best style of this well known publishing house.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. May, 1890.

This number contains the following essays:

Insanity at the Puerperal, Climacteric, and Lactation Periods.
Treatment of the Diseases of Women by Massage.

The Treatment of the Internal Derangements of the Knee Joint by Operation.

The Idiopathic Enlargements of the Heart.

This is one of the best numbers of the volume. In the first essay are some tables of the relative frequency of insanity at the various ages, from which valuable aid in prognosis may be gleaned. Of course in the statistics, (U. S. Census) from which these figures are taken, it is impossible to tell the amount of quinine or narcotics taken by the patient in early life, which always has an important bearing on the issue.

SAUNDERS' QUESTION COMPENDS.

Essentials of Diseases of the Skin, is a small pocket compendium of questions and answers, conveniently arranged for a rapid review. It contains 270 pages, is well printed, on good paper, and handsomely bound. We cannot say much in favor of the brief, empirical treatment, but the etiology is good.

Editor's Table.

REDUCED RATES TO WAUKESHA.—For the meeting of the American Institute of Homeopathy at Waukesha, June 16th to 21st, the Chicago and Northwestern Railway Company has arranged to sell tickets on the certificate plan, at the rate of one and one-third fares for the round trip. Under this arrangement the cost of a ticket from Chicago to Waukesha and return is only \$3.60 and as the route is via the Lake Shore Line of the Northwestern, through Milwaukee, and the frequent trains admit of leaving Chicago at almost any hour during the day, our readers will conserve their best interests by purchasing their tickets via the Northwestern. Ticket offices in Chicago are located at 206 and 208 Clark street, principal hotels and at the passenger station, corner Wells and Kinzie streets. Trains on the Milwaukee division leave Chicago at 8:00 A. M., 11:30 A. M., 3:00 P. M., 5:00 P. M. and 7:30 P. M., dinner being served on dining car on the 11:30 A. M. train, and supper is served on the train leaving Chicago at 5:00 P. M. Full information concerning the route can be obtained on application at the city office of the Northwestern, 208 Clark street, or by addressing Mr. E. P. Wilson, General Passenger Agent, C. & N. W. Railway, Chicago, Illinois.

A CORRECTION.—*Editors Advance:* In my case of Aurum hemiopia in the May ADVANCE, an error in the last line but one of the second paragraph makes me say the opposite of what I did say, by the substitution of the word "observation" for my word *obscuration*. If you still have my MS. I think you will find no obscurity in my chiropgraphy, though there was in my patient's vision.

May 15, 1890.

A. H. TOMPKINS, M. D.

DIED. George W. Barnes, M. D., Emeritus Professor of *Materia Medica*, Cleveland Hospital College, at San Diego, Cal., where he removed several years ago on account of his health. He was the first Homeopath in San Diego, and founder and first president of the San Diego Academy of Sciences. He was a genial companion, an honest and true Homeopath, an upright and honorable man in all the relations of life, and will be kindly remembered by all his professional colleagues.

DEAR CONFRERE. — The "Homeopathische Centralverein Deutschlands," the eldest European homeopathic society, will meet this year in Dresden on the 9th and 10th of August. On the 9th we will visit together Meissen and the house where Hahnemann was born, and on the 10th, after the scientific session, we will dine with our friends at the Belvidere in Dresden.

Dr. Kafka, Sr., from Prag will be chairman.

We would be very happy if some of our American friends, when then in Europe, would join us.

As member of the local committee, I beg to send me a word if one wishes to join us, and especially if he wishes that rooms may be secured for him.

DR. ALEXANDER VILLERS.

Dresden, A. Saxony, Christianstr., 8th April, 1890.

DEATH OF L. B. HAWLEY, M. D. At a special meeting of the Homeopathic Medical Society of Chester, Delaware and Montgomery Counties, held at Phœnixville, on March 24th, 1890, previous to the funeral of Dr. Hawley, the accompanying resolutions were adopted.

Dr. Hawley graduated at the Homeopathic Medical College of Pennsylvania in 1853. He located at Phœnixville in 1855, and was one of the organizers of the Chester and Delaware County's Society in 1858.

In 1863 he moved to Kinderhook, N. Y., and after a few years there returned to Phœnixville, where he remained in active practice until within a few weeks of his death, which occurred on the 20th of March in his 63d year.

R. P. MERCER.

WHEREAS; We are now met to perform the last sad rite over our fellow member and beloved brother, L. B. Hawley, M. D., whom God in his wisdom has seen fit to remove; therefore, in painful recognition of our loss, be it

Resolved; That the Homeopathic Medical Society of Chester and Delaware counties has sustained in the death of Dr. Hawley, one of our organizers, a loss of one of its most active, earnest, and honored members. His attendance upon our meetings was regular, his person magnetic, his counsel never obtruded but freely bestowed, was by all esteemed as coming from some wiser elder brother.

This society has always regarded him as one possessing to a high degree the natural qualifications fitting him for his beneficent calling; quick in perception, but cautious in utterance; warm of heart, but cool of head; ever ready to assist and stimulate to better efforts and nobler purposes. With a kindly charity for the weak and an appreciative fellowship for the strong, his silent presence was often more potent for good than the eloquence of others. In his death Medicine has lost a liberal and loyal votary, and Homeopathy a worthy exemplar.

Resolved; That in extending to his family our heartfelt condolence and sincere sympathies, we thus express not merely our loss of a fellow member, but the parting from a manly, trusted, and beloved friend.

Resolved; That an engrossed copy of these resolutions be presented to his family, also that they be published in the *Hahnemannian* and the MEDICAL ADVANCE, and be spread upon the minutes of the society.

R. P. MERCER, M. D.,

C. W. PERKINS, M. D.,

H. M. BUNTING, M. D.,

L. HOOPES, M. D.,

D. P. MADDUX, M. D.,

Committee.

[His last article was published in the May number.—ED.]

THE GENIUS
OF THE
HOMEOPATHIC HEALING ART,
BY
SAMUEL HAHNEMANN.

Preface to the Second Volume of Hahnemann's *Materia Medica Pura*.
1833.
Translated by AD. LIPPE, M. D. 1878

It is impossible to guess at the internal nature of diseases, and at what is secretly changed by nature in the organism, and it is folly to attempt to base the cure of them on such guess-work and such propositions; it is impossible to divine the healing-power of medicines according to a chemical hypothesis or from their colors, smell, or taste; and it is folly to use these substances (so pernicious when abused) for the cure of diseases based on such hypotheses and such propositions. And had such a course been ever so much in vogue and been generally introduced; had it been for thousands of years *the only, and ever so much admired, course*, it would nevertheless remain an irrational and pernicious method thus to be guided by empty guess-work; to fable about the diseased conditions of the internal organism, and to combat them with fictitious virtues of medicines. In order that we may change disease into health

* This paper appeared in a journal *twenty years ago*, during those anxious days (March, 1813) which deprived the Germans of the leisure to read much, much less to contemplate scientific subjects. And so it happens that these words were not listened to. It is more likely that this paper may be read now, especially as its form is less incomplete.—S. H.

it must be laid open to our senses what is discernably—clearly discernably—removable from every disease, and clearly must each medicine express what it can cure with certainty, before it may be applied to the cure of diseases; then the medical art will cease to be a lottery in human life and will then become a certain means of rescuing men from disease.

I will now show what we discern as indubitably curable in diseases; how the curative virtues of medicines can become clearly perceptible, and how then they can be applied for the cure of the sick.

What life is can only be empirically discerned by its manifestations and appearances; but it can never be explained, *a priori*, through metaphysical speculations; what life is, in itself and in its internal essence, can never be comprehended by mortals, and cannot be explained by conjectures.

The life of man, as well as his twofold condition (health and sickness), can never be demonstrated in a manner usual in demonstrating other objects according to definite principles; it cannot be compared with anything else in this world but with itself; it cannot be compared with a wheelwork, with a hydraulic machine, with chemical processes, with decomposition or formation of gases, with a galvanic battery, nor with anything inorganic. Life is in *no respect* controlled by any physical laws, which govern only inorganic substances. The material substances composing the human organism are not governed in their living composition by the same laws to which inorganic substances are subjected, but they follow solely laws peculiar to their vitality; they themselves are animated and vivified, just as the whole organism is animated and vivified. Here reigns a nameless all-powerful fundamental force which suspends all forces of the constituents of the body inclined to follow the laws of pressure, collision, depression, fermentation, and decomposition; and only this force guides and governs by the wonderful laws of life; that is to say, it maintains the necessary conditions for the

preservation of the living whole in sensation and action, and that in an almost spiritual dynamic condition.

As the organism in its normal condition depends only on the state of its vitality, it follows that the changed condition which we call sickness must likewise depend not on the operation of physical or chemical principles, but on originally changed vital sensations and actions; that is to say, a dynamically changed state of man—a changed existence—through which eventually the material constituent parts of the body become altered in their character as is rendered necessary in each individual case through the changed conditions of the living organism.

Further, the noxious influences which, as a general rule, create in us from without the various sicknesses, are generally so invisible and immaterial* that it is impossible for them to change or disturb the form and structure of the components of our body mechanically, nor can they bring into the circulation pernicious or acrid fluids whereby all our blood would be chemically changed or vitiated; an inadmissible crude speculation of material brains which can in no way be proved. The causes producing disease affect, by virtue of their qualifications, the conditions of our life (our state of health) simply in a dynamic (similar to a spiritual) manner; and while at first the higher organs and vital forces become disturbed, there arises through this dynamic alteration of the whole living condition (discomfort, pain) a changed activity (abnormal function) of single or all organs; this necessarily causes secondarily a change of all the fluids in the circulation, and also the secretion of abnormal matter; and this is an inevitable result of that changed condition which is at variance with a state of health.

These abnormal substances appearing in diseases are therefore only products of the disease itself, and as long as the sickness retains its established (present) character, they will necessarily continue to be secreted, and thereby

* Rare exceptions are some surgical conditions, and complaints arising from indigestible or foreign substances occasionally coming into the alimentary canal.

form a part of the signs of the sickness (symptoms); they are only effects, and, therefore, demonstrations of the present internal sickness, and re-act* on the whole diseased body (while they frequently contain the germs of disease affecting other healthy persons) which produced them, not at all as disease-sustaining or creating matter, not as the material cause of disease. It is just as impossible for a person to infect his body or augment his disease with the poison of his own chancre, or with the gonorrhœic secretion from his own urethra, as it is for a viper to inflict upon itself with its own poison a dangerous or deadly sting.

Therefore it is obvious that the diseases of mankind caused through the influence of a dynamic (morbid) noxiousness can originally be but dynamic changes (caused almost only in a spiritual manner) of the life-character of our organism.

We perceive easily that these dynamic disorders of the life-character of our organism, which we call disease, inasmuch as they are nothing else but changes in sensations and actions, express themselves only through an aggregate of symptoms, and are recognized only as such by our powers of perception. As the work of healing is such an important one to human life, and as our steps must be guided only by our perception of the condition of the sick body (to be guided by conjectures and improbable hypothesis would be a dangerous folly, yes, even a crime against mankind), it is obvious that diseases, as dynamic disorders of our organism, express themselves only through changes in sensations and actions of the organism, that is, only through an aggregate of perceptible symptoms; therefore they alone must be the object to be healed in every case of illness. If all the symptoms of the disease are removed, nothing but health remains. For the reason that diseases

* Expulsion and mechanical removal of these abnormal substances, impurities and excrescences, cannot cure the origin of the disease itself, as little as a coryza can be shortened or cured by possibly frequent and perfect blowing of the nose. The coryza does not continue any longer than its stipulated time, if the nose were not cleaned at all by blowing it.

are nothing but dynamic disorders of the condition and character of our organism, they cannot possibly be cured by mankind in any other way than through potencies and forces which are equally able to produce dynamic changes in the condition of man; that is, diseases are cured virtually and dynamically by medicines.*

These efficacious substances and powers (medicines,) which are at our command, effect the cure of diseases through the same dynamic changes of the present condition; through the same changes in the character of the organism in the sensations and actions as they would in the healthy man; changing him dynamically, and producing in him certain sickness and characteristic symptoms, the knowledge of which, as we shall show, gives us the reliable indication of the diseased condition which can be most surely cured by each particular medicine. Therefore nothing in the world can produce any cure, no substance, no force can effect any such change in the human organism as to make the disease yield; nothing except a power capable of changing dynamically the condition of

* Not by means of ostensibly dissolving or mechanically resolving, evacuating properties of medicinal substances, nor by means of expelling (blood-purifying and secretion-improving) imaginary productions of disease, nor by means of antiseptics (only acting on and useful to purify dead matter), nor through chemical and physical forces of any kind imaginable, in such manner as they affect inorganic material substances; nor in the manner in which the medical schools have always erroneously imagined and dreamt.

The more modern schools have begun to consider diseases in some measure dynamic changes, and to a certain degree they have tried to combat them through dynamic means; but they do not perceive the sensitive, irritable, reproductive forces (dimensions) of life, so endless and perpetually changeable *in modo et qualitate*, and do not look on the innumerable and changing symptoms of diseases (those endless and only, by us, by reflex discernible internal changes) as the only reliable object to be healed, which they really are; and as they only accept hypothetically an abnormal increase or decrease of their dimensions *quoad quantitatem*, and as they ascribe *arbitrarily* to the medicines used by them for the cure this one-sided power to increase or decrease, and bring these dimensions to a normal condition, and thereby profess to cure,

man, and therefore a power capable also of changing the healthy condition into a sick one.*

On the other hand, there is no agent, no power in nature, capable of affecting healthy persons, which does not at the same time possess the capacity of curing certain diseased conditions as well as the power of affecting healthy persons, is found inseparable in all medicines, and as both active powers derive their origin from the same source, that is, from their capacity to change dynamically the condition of man, and as they, therefore, cannot possibly follow different inherent laws of nature in sick persons than in healthy ones, it follows that it must be identically the same power of the medicine which cures the disease in sick persons and possesses sick-making properties in healthy ones.†

We will, therefore, also find that the healing power of medicines, and what each of them is capable of curing in diseases, can not be expressed in any other possible way, and can never come to our knowledge in greater purity and completeness than through the diseased phenomena and symptoms (a kind of artificial disease) which medicines produce on well persons. If we have before us a record of the characteristic (artificial) symptoms which the various medicines have produced on well persons, it becomes only necessary to let the pure experiment decide what particular symptoms of diseases are invariably quickly and permanently removed by the medicinal symptoms, so that we may know always in advance which of the proved medicines, and which of their known characteristic symptoms, will be the surest curative remedy in each case of disease.‡

they have nothing but illusions before them—illusions of the object to be healed (the indication), an illusion as to the action of drugs (indicate).

* Therefore none, as, for instance, merely nutritive substance.

† The different result in both of these cases depends solely on the difference of the object to be changed.

‡ As simple, as true, and as natural as this proposition is,—and therefore it would seem as if it should have been made the fundamental means of ascertaining the curative powers of medicines,—it is evident that, in fact, up to this time this proposition has not

Finally, we appeal to experiment (experience), in order to determine what artificially sick-making powers (observed of medicines) should be applied successfully against certain natural diseases. We ask:—

1. Whether they be such medicines as are capable of producing on the healthy organism *different* (allopathic) changes from those observed in the disease to be healed.
2. Or such medicines as are capable of producing on the healthy organism *opposite* (*enantiopathic*, *antiphathic*) changes to those observed in the disease to be healed.
3. Or, whether we can expect restoration to health (cure) with the greatest certainty, and in the most permanent manner, by such medicines as are capable of producing on the healthy *similar* (homoeopathic) changes to those observed in the natural disease (there are only these three modes of administering medicines possible); experience most emphatically and indubitably decides for the last.

It is even self-evident that medicines acting heterogen-

been approached even distantly. During these thousands of years, and as far as the history of medicine is known, not one person conceived, *a priori*, the source of ascertaining in so natural a manner the healing properties of medicines before they were applied for the cure of the sick. For hundreds of years, up to the present time, it was surmised that the curative powers of medicines could only be ascertained by the effects they produced on diseases (*ab usu in morbis*.) It was attempted to ascertain them in cases in which a certain medicine (and then most frequently a compound of different medicinal substances) has been beneficial in a named given case of disease. It is impossible to learn from the curative effect of a single medicinal substance, even (which not often happened) in an accurately described case of disease, in what case of disease this remedy might again become curative; because (with the exception of diseases caused by fixed miasms, small-pox, measles, lues, the itch, etc., or those consequent on the same disturbing element, as the gout) all other cases of diseases are single cases, that is, they appear under varying and different symptom-combinations, have never appeared in just the same manner; it is on that account that we can not draw the conclusion that the same remedy will also cure another (different) case. The forcible combination of such cases of disease (which nature produces in her wisdom in such an endless variety) under certain named forms, as is done arbitrarily by Pathology, is leading to con-

eously and allopathically, capable of producing different symptoms on the healthy organism to those then observed in the disease to be cured, are in the very nature of things incapable of being suitable to the cure, and cannot cure. Their effects consequently must be injurious; otherwise every disease would be cured by means of any imaginable, ever so differently acting, medicine, quickly, safely, and permanently. Whereas each medicine possesses effects differing from all other medicines; and so each disease causes on the human organism, under the eternal laws of nature, different and varying ailments and sufferings; this in itself would demonstrate a contradiction (*contradicⁱtionem in adjecto*), and would by itself demonstrate the impossibility of a beneficial result. Furthermore, each demonstrated change can only be produced by a cause especially belonging to it, but not *per quam libet causam*. And experience proves it daily that the common practice of prescribing for the cure of the sick a compound of medicines, the powers (effects) of each of these unknown,

tinuous illusions, and a temptation to a mistaking of various conditions one with another—human guess-work without any reality. Equally seductive and inadmissible, although from times immemorial introduced, is the establishment of general (curative)-effects, based on occasional results in diseases, which the *Materia Medica* does when, for instance, in some cases of diseases occasionally during the use of (generally compounded) medicines, increased urinary secretions, perspiration, appearance of the menstruation, cessation of convulsions, a kind of sleep, or expectoration appeared; the medicine (which among the rest was honored with being charged with this effect) was credited with possessing the virtue of being diuretic or sudorific, or capable of restoring menstruation, or anti spasmotic, or soporific, or expectorant, thereby committing a *fallacium cause* by confounding the terms *with* and *of*. But there was likewise drawn a wrong conclusion, *a particulari ad universale*, in contravention of all the laws of reason, even changing the conditional into the unconditional. Because that which is not capable of causing, in every case of disease, an increase of urinary secretions, or perspiration, or menstruation, or sleep; which can not allay, in all cases, convulsions, or loosen the cough, cannot, without violating common sense, be pronounced unconditionally and absolutely diuretic or sudorific, or emmenagogue, or soporific, or anti-spasmotic, or expectorant.

causes a variety of effects, but the least of all—a cure.

The *second method* of curing (treating) diseases with medicines, is the application of means (a medicine acting as a palliative) changing and altering the observed disorder (disease, or the most prominent symptom of it) enantiopathically, antipathically or contrarily. Such an application cannot, as is easily perceived, work a durable cure of the disease, because the disorder is sure to return again, and that in an aggravated form. This is the way it occurs:—It is a marvelous process of nature which orders that organic living bodies are not governed by the same laws by which inorganic substances of (inanimate) physical nature are governed. They do not accept the impressions passively, like the latter; do not follow, like them, external impressions, but they resist and endeavour to oppose these impressions by contraries.*

The living human body can be influenced at first by physical forces; but this impression is not as permanent and lasting as that which is produced on inorganic bodies—(and so it would necessarily be if the medicinal powers, acting by contraries on the disease, could produce a lasting

Furthermore, it is impossible that a medicine in these compound phenomena of our conditions, in such multiplied combinations of a variety of symptoms as are the nameless varieties of the diseases of men, can possibly reveal its original medicinal effects, and that which we expect to know with certainty of its sick-making, sensation changing properties.

* The green juice of the plant obtained by expressing, no longer an animated organic substance, if spread on linen, soon fades under the rays of the sun, and is destroyed; while the plant bleaching in a cellar for want of daylight soon regains its green colour when exposed to the same rays of the sun. A root which has been dug up, and has been dried, will soon become entirely decomposed and destroyed if laid in warm and moist earth; while a fresh root laid in the same earth will soon bring forth hopeful sprouts. The foaming fresh beer, while in full fermentation, will soon be changed, when bottled, into vinegar, if exposed to a heat of 96 degrees (Fahrenheit). But in the healthy human stomach the same degree of heat will check the fermentation and soon change it into a mild nutriment. Half putrid, already badly-smelling game, and other meats when eaten by healthy persons produce the least smelling evacuations (excrement); while the

and permanent relief). More than that, the human organism strives to produce the reverse condition through antagonism against the effects of the forces brought to bear upon it from without.* For instance, a hand which has been held long enough in ice-water does not remain cold; nor does the hand only show the warmth of the surrounding atmosphere when taken out of the ice-water, which would be the effect on a stone (an inorganic body); neither does it return to the warmth of the body,—by no means,—for the colder the water was, and the longer the hand has been kept in it, and thereby affected the healthy skin, the hotter and the more inflamed will it become afterwards.

It cannot be otherwise than thus, that a symptom which yields to a remedy which acts contrarily on the disease does so but for a short time;† and it is bound to yield again, very soon, to the predominating antagonism of the living organism, which causes a contrary; that is, a contrary condition to the one which the palliative has created

bark of *Cinchona Officinalis*, which possesses the property of checking putrefaction in inanimate animal substances, is affected by the healthy intestines in a contrary manner, so as to cause very offensive flatus. Carbonate of lime destroys all acids in inorganic substances; but when taken into the healthy stomach, is apt to cause sour-smelling perspiration. While the dead animal fibre is preserved from putrefaction with certainty by *Tannin*, healthy ulcers of the living man, if frequently treated with *Tannin*, become impure, green, and putrid. A hand bathed in warm water becomes afterwards colder than the hand which was not bathed; and proportionately colder the warmer the water used for bathing was.

* This is a law of nature according to which the administration of each medicine causes, at first, certain dynamic changes and abnormal symptoms in the living human body (*primary effects of medicines*), but afterwards, by means of a peculiar antagonism (which in many cases might be termed an effort of self-preservation), it causes a condition entirely the opposite of the first effect (*secondary symptoms*); for instance, narcotic substances produce primarily insensibility, and secondarily painfulness.

† Just as a scalded hand remains cold and painless not much longer than while it is held in cold water; it afterwards burns and pains much more.

deceptively for a short time only (a condition corresponding with the original evil)—in fact, a true addition to the returning unextinguished original disease, the original disease in aggravated form. The disorder is always and surely aggravated, and as soon as the *palliative* (the contrary and enantiopathic acting remedy) has exhausted its effects.*

In chronic diseases, the true test-stone of the genuine healing-art, we perceive the pernicious effects of contrary-acting (palliative) medicines in a high degree; inasmuch as a repetition necessary to cause an illusive effect (a sudden passing appearance of relief), implies a larger and increasingly larger dose, frequently endangering the life of the sick, and not unfrequently causing death.

There remains, therefore, but a third method of administering medicines as a sure mode of relief and cure, and this is the application of a remedy which is capable of causing on the healthy organism an affection (an artificial diseased condition) which is similar, very similar, to the present case of sickness.

It is easy to prove, as has been seen in innumerable cases, and also by those who followed my teachings, by

* Thus the pain in a scalded hand subsides suddenly, but only for a few minutes, by applying cold water; but afterwards the inflammation and pain become much worse than before (the inflammation, as a secondary effect of the cold water, is an addition to the original inflammation caused by the scalding, which the cold water is unable to remove). The painful fulness in the abdomen caused by constipation seems to disappear, as if by magic, after the administration of a purgative; but as early as the next day this painful fulness and tension of the abdomen returns with the constipation, and increases the following days, becoming worse than it was before. The stupor-like sleep after opium causes a much greater sleeplessness the following night. It becomes evident that this secondary condition constitutes a true aggravation, and is shown by the fact that if the palliative is to be repeated (for instance, opium for habitual sleeplessness or chronic diarrhoea), it must be administered in increased doses, as against an aggravated disease, if even then it can be forced to produce, but for a short time, its seeming palliation.

daily experience* as well as by reasoning, that this method of administering medicine constitutes the most complete, the best, and only mode of cure.

It will, therefore, not be a difficult task to comprehend by what natural laws the only suitable homœopathic healing-art is and must be governed.

The first unmistakable natural law is, *that the living organism is comparatively much more easily affected by medicine than by natural diseases.* Many sick-making causes affect us every day, every hour of the day, but they are not able to disturb the equilibrium of our condition, the healthy are not made sick; the activity of our life-preserving principle within us generally resists the most of them, and the individual remains well. If external noxious influences, increased to a high degree, affect us, and if we expose ourselves to them too much, then we sicken, and only to any great degree if our organism, just at that time, shows a weak side (a predisposition), which makes us more liable to be affected by the present (simple or complex) cause of the disease. Did the inimical, partly psychical, partly physical forces of nature, called noxious

* We will mention only a few every-day experiences. The burning pain which boiling water causes on the skin is cured by the cook's holding the burned hand near the fire, or by uninterruptedly moistening it with heated alcohol (or turpentine), which causes a still more intense burning sensation. This specific treatment has been followed by varnishers and similar artisans, and has been found reliable. The burning pain caused by these strong and heated spirits remains only for a few minutes, while the organism is homœopathically relieved of the inflammation caused by the burn. The destruction of the skin is soon repaired by the formation of a thin cuticle, through which no mere alcohol penetrates. In this manner a burn is cured in a few hours by the remedy causing a similar burning pain (by highly heated alcohol or heated oil of turpentine); but if such a burn is treated by cooling palliatives or with ointments, a malignant ulceration follows, which is apt to last many weeks, and even months, causing much suffering. Professional dancers know from long experience that they are momentarily very much refreshed by drinking very cold water, and by taking off their clothing when extremely heated from dancing; but they know also that afterwards they will surely have to suffer from severe, often fatal, diseases. Wisdom has

disease influences, have unlimited power to affect and change our condition, then nobody would be well. Inasmuch as they are found everywhere, everybody would be sick, and would not even have a conception of what health is. But, as in general, diseases are only the exception to the condition of men; and as it is necessary that a combination of so many and various circumstances and conditions—partly by the disease-causing forces, partly by the condition of the individual to be made sick—must exist before a disease really follows the effects of the sick-making forces, it becomes evident that man is not easily affected by these noxious influences; that they do not necessarily make him sick, and that the organism can only be affected by them under certain predisposing influences.

Quite different are the relations of the artificial dynamic forces, which we call medicines. Every true medicine affects *every* living organic body under *all* circumstances, *at all times*, and causes on it its characteristic symptoms (clearly enough perceptible through the senses,

taught such extremely heated persons, without allowing themselves to go into the cool air or remove their clothing, to take a drink which is also heating, either punch or hot tea with arrack or brandy; and under its effects, while slowly walking up and down the room, they are very soon relieved of the hot fever caused by dancing. So even the old and experienced mower never takes any other drink to cool himself from the excessive thirst of labor under a hot sun than a glass of whisky; in an hour's time he is relieved from thirst and heat, and feels well. An experienced person will not expose a frozen limb to the fire, or to a hot stove, or put it in hot water, in order to restore it; covering it with snow, or rubbing it with ice-water, is the well-known homœopathic remedy for it. The disorders caused by excessive joy (the fantastic mirth, the trembling restlessness, the excessive motion, the palpitation of the heart, the sleeplessness) are soon and permanently removed by coffee, which causes a similar ailment in those not used to take it. There thus exist many daily confirmations of the great truth, that men are relieved from long-lasting sufferings by other short-lasting evils, by a process of nature. Nations, for centuries fallen into apathy and slavishness, elevated their spirits, began to feel the dignity of men, and became again free men, after they had been crushed to the dust by the western tyrants.

provided the dose is large enough), so that it becomes obvious that *each and every living human organism must become thoroughly affected and seemingly infected by the medicinal disease*; this, as is well known, is not the case with natural diseases.*

All experience proves unmistakably that the human organism is much more predisposed and susceptible to medicinal forces than to diseased noxiousnesses and infectious miasms; or, to express it differently, that the medicinal forces possess an *absolute*, but the diseased affections a merely *limited*, power to change the conditions of the human organism.

This makes it already obvious that a possibility exists of curing disease by medicines (that is to say, that the diseased condition of the sickened organism can be obliterated by means of the most suitable alterations through medicines). But it becomes necessary also to comply with a *second natural law*, if the cure is to be made a reality; that is, *a stronger dynamic affection overcomes the weaker one in the living organism permanently, if the first is similar in kind to the latter*; because the dynamic change of the condition to be expected from the medicine must not, as I believe I have proved, be either differentially deviating from or allopathic to the diseased condition; otherwise a much greater disturbance would follow, as is the case under the common practice; neither must it be *opposite*, so that only a palliative, fallacious improvement, which is invariably followed by an aggravation of the original disease, may be produced. But the medicine must possess the tendency to cause a condition *similar* to the disease (to cause similar symptoms on the healthy person), and observations must have shown this tendency, and then only can it become a permanently curative medicine.

Whereas the dynamic affections of the organism (either

* Even the plague like diseases do not necessarily infect every person; and other diseases leave many more persons unaffected, even if they expose themselves to the changes of the weather, the seasons of the year, and many other pernicious influences.

by medicines or diseases) can be discerned only by means of expressions of changed sensations and changed functions; and whereas, also, the similarity of their dynamic affections reciprocally can be ascertained only through a similarity of symptoms; and as the organism (much more easily affected by medicines than by diseases) is more submissive to drug-action; that is to say, is more easily affected and changed by it, than from a similar affection of diseases; it follows that, without a possibility of contradiction, the organism must necessarily be relieved from the diseased affections if a medicine is applied which, also entirely different in its nature from the disease,* approaches it as near as possible in its similarity of symptoms, that is, is homœopathic to it; because the organism, as a complete living unit, is not capable of absorbing two similar dynamic affections at the same time without compelling the weaker to succumb to the stronger one; and as the organism is more apt to be affected by the stronger force (medicinal affection), then there will be a necessity created to part with the weaker one (diseased affection), and by that process the organism is healed of it.

It is illusive for any one to think that the living organism under the administration of a dose of homœopathic medicine, for the cure of its disease, thereby becomes burdened with an addition to its ills; just as if a plate of lead already pressed by an iron weight were the stronger pressed by the adding of a stone to it; or a piece of copper heated by friction, by pouring hot water on it, must become still more heated! Nothing of the kind, not passive, not according to physical laws of inorganic nature is our living organism governed. It reacts with its life-

* Without this natural difference between diseased affections and the medicinal affections, no cure could be effected. If both were not only similar, but also of the same nature, therefore identical, there would be no effect produced (probably only an aggravation of the evil). In the same manner, it would be vain to expect to cure a chancre by moistening it with the poison of another chancre.

antagonism, so that it, as a unit, as a living whole, submissively permits the diseased condition to be extinguished, if a similarly strong force pervades the organism by means of a homœopathic remedy.

Our living human organism is spiritually reacting. It excludes by a spontaneous force a less powerful affection, as soon as the stronger force of a homœopathic remedy produces a different but very similar affection. In other words, on account of the oneness of its life it cannot suffer, at the same time, from two similar general disturbances; but is compelled to part with the previous dynamic affection (disease) as soon as it is acted upon by a second dynamic force (medicine), which is more apt to affect it, provided that medicine possesses the capability of affecting the organism (symptoms) in a very similar manner to the first affection. Something similar occurs in the human mind.*

In proportion as the human organism is more easily affected by medicines when in a state of health than by disease, as I have demonstrated above, so is that organism when diseased, without comparison, much more easily affected by homœopathic medicines than by any other (for instance, allopathic or enantiopathic)—and it is acted upon easily and *in a very high degree*, as it is already inclined to certain symptoms by the disease, hence it becomes more susceptible to similar symptoms by the homœopathic medicine—just as our own similar mental suffering causes the mind to become much more sensitive to similar stories of woe. Therefore, it becomes obvious that only the

* For instance, a grieved girl, lamenting the death of a playmate, becomes solaced through the strong effect of being introduced to a family where she finds half naked children who have just lost their father, their only support. She becomes more reconciled to her comparatively smaller loss; she is cured of her grief for her playmate, because the oneness of the mind can at the same time be affected only by a single similar emotion, and that emotion must be subdued if another similar emotion take possession of her mind which affects her stronger, and in that manner becomes a homœopathic remedy, extinguishing the former. The girl would not have been relieved of the grief she felt for the loss

smallest doses become useful and necessary for a cure; that is to say, for the changing of the sickened organism into a similar medicinal disease; and for that reason it is unnecessary to give it in a larger dose, because in this case the object is obtained not through the quantity but through potentiality and quality (dynamic conformity, Homœopathy.) There is no utility in a larger dose, but there is harm done; the larger dose on the one side does not cause the dynamic change of the diseased affection with more certainty than the most suitable smallest dose; but it causes and supplants, on the other side, a multiplied medicinal disease, which is always an evil, although it passes by after a certain lapse of time.

The organism becomes strongly affected, and becomes pervaded by the force of a medicinal substance which is capacitated to obliterate and extinguish the totality of the symptoms of the disease, through its endeavors to create similar symptoms. The organism becomes, as we have said, liberated from the diseased condition at the very time that it is affected by the medicinal power, by which it is decidedly more apt to be impressed.

The medicinal forces, as such, even in larger doses, hold the organism only for a few days under their influence; and, therefore, it becomes apparent that a small dose, and in acute diseases a very small dose, of that medicine (such as it has been proven constitutes the dose for a homœopathic cure) can affect the organism for a short time only

of her playmate, if, for instance, the mother had scolded her (a heterogene allopathic force). On the contrary, she would have been much sicker in mind by the addition of a different mortification, and again would the grieved girl, had she been seemingly cheered for a few hours palliatively by a jocund festivity (because the emotion in this case was an *opposite*, enantiopathic), have fallen afterwards into deeper sadness when she was left to her solitude, and then would have cried more bitterly than before. What we here see in the psychological condition, we find also in the organic life. The oneness of our life does not allow itself to be occupied and possessed of two general similar dynamic affections at the same time; because, if the second affection prove itself to be the stronger one, the first will become obliterated, just as soon as the organism becomes affected by the second.

(and in acute diseases the smallest dose is capable of affecting the organism for only a few hours), and that the medicinal affection which now occupies the place of the disease very soon and imperceptibly passes into pure health.

It appears that the nature of the human organism is governed solely by the laws we have here presented if disease is to be permanently cured by medicines; and really we may say that this action is a mathematical certainty. *There exists no case of a dynamic disease in this world* (with the exception of the death-agony, and, we may so class it here, advanced age and the destruction of indispensable viscera or limbs) which cannot be cured quickly and permanently *by a medicine which has been found to cause in its positive effects symptoms in great similarity to it.*

The sick person can by no other possible means of cure* be more easily, more quickly, more certainly, in a more reliable and permanent manner, liberated from disease, than through homœopathic medicines in small doses.

NOTE BY THE TRANSLATOR.—This very instructive and logical paper by the founder of our healing art has never been translated before. Why Dr. Charles Julius Hempel omitted it we know not. It is, without exception, the most concise and precise rendition of the fundamental principles governing our school of medicine. It requires a study to follow HAHNEMANN in his logical argument. It

* Even in the common practice, and in rare cases, the strikingly effective cures are the results of a homœopathically suitable and homœopathically acting medicine (accidently prescribed). It was impossible for the physician to choose a homœopathic remedy for the cure of diseases, as the positive (the positive effects observed on healthy persons) effects of medicines were never thought of, and therefore they remained ignorant of them; and even those medicines, with such as were made known by my writings, were not considered useful for curative purposes. Furthermore, they remained ignorant of the necessary conditions for a permanent cure, and of the effects of medicines on those symptoms of disease which were similar to them (the homœopathic law of cure).

has been our aim to give as verbal a translation as possible. HAHNEMANN's style of writing was quaint, and much of the force of the paper would have been lost by free (much less laborious) translation.

As HAHNEMANN wrote this paper as early as 1813, we hope that *all* Homœopathists will accept it, even those who find fault with his later writings, professing to detect in them signs of "senility." The liberal-scientific-peace-offering-reconciliation-and-amalgamation-seeking-men, and such as publicly declare that the laws of our healing art are tolerably good guides, but not applicable in all cases, and that then we are bound to seek other modes of cure, will, by this paper, receive their quietus.

PREFACE.*

Many persons of my acquaintance but half converted to Homœopathy have repeatedly begged me to publish still more exact directions as to how this doctrine may be actually applied in practice, and how we are to proceed. I am astonished that after the very particular directions contained in the Organon of Medicine more special instructions can be wished for.

I am also asked, "How are we to examine the disease in each particular case?" As if special enough instructions were not to be found in the book just mentioned.

As in homœopathy the treatment is not directed toward imaginary or invented internal causes of the disease, nor yet towards names of diseases invented by man, of which nature knows nothing, and as every case of non-miasmatic disease in a distinct individuality, independent, peculiar, a complex of symptoms always differing in nature, never hypothetically presupposable, so, no particular directions can be laid down for it (no schema, no table), except that the physician, in order to effect a cure, must oppose to every aggregate of morbid symptoms in a case a group of similar medicinal symptoms as complete as can be met within any single known drug; for this system of medicine cannot admit of more than a single medicinal substance (whose effects have been accurately tested) being given at once. (See Organon of Medicine, 4th edit., § 270, 271).†

* From Vol. II, 3rd edit., Materia Medica Pura, 1833. (The cases here given originally appeared in 1816 in the first edition of the R. A. M. I., but the notes and most of the preliminary matter are of the date we have given, and we may therefore consider the whole to represent Hahnemann's opinion and practice, with the exception of the dose in these two cases, of the latter period).

† The corresponding paragraphs of the 5th edit. are 272, 273.

Now we can neither enumerate all the possible aggregates of symptoms of all cases of disease that may occur, nor indicate *a priori* the homœopathic medicines for these (*a priori* indeterminable) possibilities. For every individual given case (and every case is an individuality, differing from all others) the homœopathic medical practitioner must himself find them, and for this end he must be acquainted with the medicines that have till now been investigated in respect of their positive action, or consult them for every case of disease; but besides this he must do his endeavor to prove thoroughly on himself or on other healthy individuals medicines that have not yet been investigated as regards the morbid alterations they are capable of producing, in order thereby to increase our score of *known* remedial agents,* so that the choice of a remedy for every one of the infinite variety of cases of disease (for the combating of which we can never possess enough of suitable tools and weapons) may become all the more easy and accurate.

That man is far from being animated with the true spirit of the homœopathic system, is no true disciple of this beneficent doctrine, who makes the slightest objection to institute *on himself* careful experiments for the investigation of the peculiar effects of the medicines which have remained unknown for 2500 years. Without this investigation (and unless their pure pathogenetic action on the healthy individual has previously been ascertained) all treatment of disease must continue to be not only a foolish, but even a criminal action, a dangerous attack upon human life.

It is somewhat too much to expect us to work merely for the benefit of selfish individuals, who will contribute nothing to the complete and indispensable building up of the indispensable edifice, who only seek to make money by what has been discovered and investigated by the labors

* Before the discovery of Homœopathy, medicinal substances were known only in respect to their natural history, and besides their names, nothing was known regarding them but their presumed qualities, which were either imaginary or altogether false.

of others; and to furnish them with the means of squandering the income derived from the scientific capital, to the production of which they do not evince the slightest inclination to contribute.

All who feel a true desire to assist in elucidating the peculiar effects of medicines—our sole instruments, the knowledge of which has for so many centuries remained uninvestigated, and which is yet so indispensable for enabling us to cure the sick, will find the directions how these pure experiments with medicines should be conducted in the Organon of Medicine, 4th edit., 111–136.*

In addition to what has been there stated I shall only add, that as the experimenter cannot, any more than any other human being, be absolutely and perfectly healthy, he must, should slight ailments to which he is liable appear during these provings of the powers of medicines, place these between brackets, thereby indicating that they are not confirmed, or dubious. But this will not often happen, seeing that during the action upon a previously healthy person of a sufficiently strong dose of the medicine, he is under the influence of the medicine alone, and it is seldom that any other symptom can show itself during the first days but what must be the effect of the medicine. Further, that in order to investigate the symptoms of medicines for chronic diseases, for example, in order to develop the cutaneous diseases, abnormal growths and so forth, to be expected from the medicine, we must not be contented with taking one or two doses of it only, but we must continue its use for several days, to the amount of two adequate doses daily, that is to say, of sufficient size to cause us to experience an action from it, whilst at the same time we continue to observe the diet and regimen indicated in the work alluded to.

The mode of preparing the medicinal substances for use in homœopathic treatment will be found in the Organon of Medicine. § 267–269,† and also in the second part of The Chronic Diseases. I would only observe here, that for the

*The corresponding paragraphs of the 5th edit. are 120–145.

†The corresponding paragraphs of the 5th edit. are 269–271.

proving of medicines on healthy individuals, dilutions and dynamizations are to be employed as high as are used for the treatment of disease, namely, globules moistened with the decillionth development of power.*

The request of some friends, halting half way on the road to this method of treatment, to give some examples of this treatment, is difficult to comply with, and no great advantage can attend a compliance with it. Every cured case of disease shows only how that case has been treated. The internal process of the treatment depends always on the same rules, which are already known, and they cannot be rendered concrete and definitely fixed for each individual case, nor can they become at all more distinct by the history of a single cure than they were already by the publication of these rules. Every case of non-miasmatic disease is peculiar and special, and it is the special in it that distinguishes it from every other case, that pertains to it alone, but that cannot serve as a model for the treatment of other cases. Now, if it is wished to describe a complicated case of disease consisting of many symptoms, in such a circumstantial manner that the reasons that influence us in the choice of the remedy shall be clearly revealed, this demands a multiplicity of details fatiguing at once for the describer and for the reader.

In order, however, to comply with the desire of my friends in this also, I may here detail two cases of homœopathic cure of the most trivial character.

Sch—, a washerwoman, somewhere about forty years old, had been more than three weeks unable to earn her bread, when she consulted me on the 1st September, 1815.

1. On any movement, especially at every step, and worse on making a false step, she has a shoot in the pit of the stomach, that comes, as she avers, every time from the left side.

* In place of this paragraph the 2nd edition (published in 1824) has four paragraphs describing the mode of preparing the remedies then adopted, which are superseded by the instructions in the Organon. In the older edition there is no mention of the decillionth potency being the appropriate dose for therapeutic and pathogenetic purposes.

2. When she lies she feels quite well, then she has no pain anywhere, neither in the side nor in the pit of the stomach.
3. She cannot sleep after three o'clock in the morning.
4. She relishes her food, but when she has eaten a little she feels sick.
5. Then the water collects in her mouth and runs out of it, like the water-brash.
6. She has frequent empty eructations after every meal.
7. Her temper is passionate, disposed to anger. When the pain is severe she is covered with perspiration. The catamenia were quite regular a fortnight since.

In other respects her health is good.

Now, as regards symptom 1, Belladonna, China, and Rhus toxicodendron cause shootings in the pit of the stomach, but none of them *only on movement* as is the case here. Pulsatilla (see symptom 387)* certainly causes shootings in the pit of the stomach, on making a false step, but only as a rare alternating action, and has neither the same digestive derangements as occur here at 4 compared with 5 and 6, nor the same state of the disposition.

Bryonia alone has among its chief alternating actions, as the whole list of its symptoms demonstrates, pain *from movement* and especially shooting pains, as also stitches beneath the sternum (in the pit of the stomach) on raising the arm (448), and on making a false step it occasions shooting in other parts (520, 600).

The negative symptom 2 met with here, answers especially to Bryonia (638); few medicines (with the exception perhaps of Nux vomica and Rhus toxicodendron in their alternating action—neither of which, however, is suitable for the other symptoms) show a complete relief to pains during rest and when lying; Bryonia does, however, in a special manner (638, and many other Bryonia symptoms).

Symptom 3 is met with in several medicines, and also in Bryonia (694).

Symptom 4 is certainly, as far as regards “sickness after

* The numbers are altered so as to suit the 3rd edit., which Hahneman neglected to do, when this edition appeared.

eating," met with in several other medicines (Ignatia, Nux vomica, Mercurius, Ferrum, Belladonna, Pulsatilla, Cantharis), but neither so constantly and usually, nor with relish for food, as in Bryonia (279). As regards symptom 5 several medicines certainly cause a flow of salva like water-brash. Just as well as Bryonia (282); the others, however, do not produce symptoms similar to the remaining ones. Hence Bryonia is to be preferred to them in this part of the ailment.

Empty eructation (of wind only) after eating (symptom 6) is found in few medicines, and in none so constantly, so usually, and to such a great degree, as in Bryonia (253, 259).

To 7. One of the chief symptoms in diseases (see Organon of Medicine, § 213) is the "state of the disposition," and as Bryonia (772) causes this symptom also in an exactly similar manner, Bryonia is for all these reasons to be preferred in this case to all other medicines as the homœopathic remedy.

Now, as this woman was very robust, and the force of the disease must consequently have been very considerable to prevent her by its pain from doing any work, and as her vital forces, as has been observed, were not impaired, I gave her one of the strongest homœopathic doses, a full drop of the undiluted juice of Bryonia root,* to be taken immediately, and bade her come to me again in 48 hours. I told my friend E., who was present, that within that time the woman would assuredly be quite cured, but he, being but half converted to Homœopathy, expressed his doubts about it. Two days afterwards he came again to ascertain the result, but the woman did not return then, and, in fact, never came back again. I could only allay the im-

*According to the most recent development of our new system, the ingestion of a single, minutest globule, moistened with the decillionsh (x) development of power would have been quite adequate to effect an equally rapid and complete recovery; indeed, equally certain would have been the mere olfaction of a globule the size of a mustard seed moistened with the same dynamization, so that the drop of crude juice given by me in the above case to a robust person, should not be imitated.

patience of my friend by telling him her name and that of the village where she lived, about a mile and a half off, and advising him to seek her out and ascertain for himself how she was. This he did, and her answer was: "What was the use of my going back? The very next day I was quite well, and could again go to my washing, and the day following I was as well as I am still. I am extremely obliged to the doctor, but the like of us have no time to leave off our work; and for three weeks previously my illness prevented me earning anything."

W——e, a weakly, pale man of 42 years, who was constantly kept by his business at his desk, complained to me on the 27th December, 1815, that he had been already ill five days.

1. The first evening he became, without manifest cause, sick and giddy, with much eructation.
2. The following night (about 2 a. m.) sour vomiting.
3. The subsequent nights violent eructation.
4. To-day also sick eructation of fetid and sourish taste.
5. He felt as if the food lay crude and undigested in his stomach.
6. In his head he felt vacant, hollow and gloomy, and as if sensitive therein.
7. The least noise was disagreeable to him.
8. He is of a mild, soft, patient disposition.

Here I may observe :

To 1. That several medicines cause vertigo with nausea, as well as Pulsatilla (3), which produces its vertigo *in the evening* also (7), a circumstance that has been observed from very few others.

To 2. Stramonium and Nux vomica cause vomiting of sour and sour-smelling mucus, but, as far as is known, not *at night*. Valerian and Coccus cause vomiting at night, but not of sour stuff. Iron alone causes vomiting at night (61, 62), and can also cause sour vomiting (66), but not the other symptoms that should be attended to here.

Pulsatilla, however, causes not only sour vomiting in the evening (349, 354) and nocturnal vomiting in general (355),

but also the other symptoms of this case not found among those of Iron.

To 3. Nocturnal eructation is peculiar to Pulsatilla (296, 297).

To 4. Fetid, putrid (259) and sour eructation (301, 302) is also peculiar to Pulsatilla.

To 5. The sensation of indigestibility of food in the stomach is produced by few medicines, and by none in such a perfect and striking manner as by Pulsatilla (321, 322, 327).

To 6. Besides Ignatia (21) which, however, cannot produce the other ailments, the same state is produced by Pulsatilla (39 compared with 42, 94, 98).

To 7. Pulsatilla produces the same state (995), and it also causes over-sensitiveness of other organs of the senses, for example, of the sight (107). And although intolerance of noise is also met with in Nux vomica, Ignatia, and Aconite, yet these medicines are not homœopathic to the other symptoms and still less do they possess symptom 8, the mild character of the disposition, which, as stated in the preface to Pulsatilla, is particularly indicative of this plant.

This patient, therefore, could not be cured by anything in a more easy, certain and permanent manner than by Pulsatilla, which was homœopathic to the case. It was accordingly given to him immediately; but, on account of his weakly and exhausted state, only in a very minute dose, i. e. half a drop of the quadrillionth of a strong drop of Pulsatilla.* This was done in the evening.

The next day he was free from all ailments, his digestion was restored, and a week thereafter, as I was told by him, he remained free from complaint and quite well.

The investigation in such a slight case of disease, and the choice of the homœopathic remedy for it, is *very speed-*

* According to our present knowledge and experience, the same object would have been attained by taking one of the smallest globules of Pulsatilla x (decillionth potency) and with equal certainty a single olfaction of a globule the size of a mustard seed of the same potency of Pulsatilla.

*ily effected by the practitioner who has had only a little experience in it, and who either has the symptoms of the medicine in his memory, or who knows where to find them readily; but to give in writing all the reasons *pro* and *con* (which would be received by the mind in a few seconds) gives rise, as we see, to tedious prolixity.*

For the convenience of treatment, we require merely to jot down after each symptom all the medicines which can produce such a symptom with tolerable accuracy, expressing them by a few letters (e. g. Ferr., Chin., Rheum., Puls.), and also to bear in mind the circumstances under which they occur, that have a determining influence on our choice; and proceed in the same way with all the other symptoms, noting by what medicine each is excited; from the list so prepared we shall be able to perceive which among the medicines homœopathically covers the most of the symptoms present, especially the most peculiar and characteristic ones—and this is the remedy sought for.

* * * * *

As regards the following catalogue of medicinal symptoms, there are in this part also many observations by my disciples, mostly made on themselves. Their names will be found attached, with the addition, "in an essay." On every occasion when my Leipsic disciples delivered to me their essays, I questioned them respecting the symptoms they observed (and this I would advise every teacher to do under similar circumstances) in order to get as precisely as possible the verbal expressions of their sensations and sufferings, and to ascertain with exactness the conditions under which the symptoms occurred. By this means I have, as I believe, elicited the truth. I knew also that they had faithfully observed the carefully regulated diet, and had led a life undisturbed by passions during their provings, in order to be able to observe the alterations in their health purely and obviously due to the medicine taken. By conducting their trials in this manner, they became careful, delicately sensitive observers, and if with this they combine pure moral conduct and the acquisition

of other useful branches of knowledge, they will become proficients in the healing art.*

* It was not until the first volume of the first edition had been published that Hahnemann obtained any assistance from others in his provings. This is the reason of the appearance of these last two paragraphs in the second volume, in which volume they are still retained in the last two editions.

NOTES AND INTRODUCTIONS
TO REMEDIES IN
THE MATERIA MEDICA PURA
AND
CHRONIC DISEASES.

ACONITUM NAPELLUS.* (Monkshood).

Although the following symptoms do not express the whole significance of this most valuable plant, still they reveal to the thoughtful homœopathic physician a prospect of relieving morbid conditions in which traditional medicine has hitherto employed its most dangerous methods, *e. g.* copious blood-letting and all its complex would-be antiphlogistic treatments, often ineffectually, and almost always with disastrous consequences. I allude to the so-called pure inflammatory fevers, in which the smallest dose of Aconite enables us to dispense with all the traditional antipathic treatments, and relieves rapidly and without evil effects. In measles, in purpura miliaris, and in the acute pleuritic fevers, &c., its curative power is marvelous, when, the patient being kept rather cool, it is given *alone*, *all other medicinal substances*, even vegetable acids, *being avoided*, in the dose of a thousandth part † of a drop of the decillionth development of power. It is

* From vol. i, 3rd edit, 1830.

† That is, a small globule the size of a poppy seed moistened with it, of which more than a thousand are moistened by one drop of spirits of wine, and which are so small that 300 of them weigh only one grain.

seldom that a second similar dose is required thirty-six or forty-eight hours after the first.

But in order to remove from our conscientious treatment all that routine practice which is only too apt to regulate its treatment in accordance with delusive names of diseases, it is indispensable that, in all morbid conditions in which Aconite is given, the chief symptoms of the malady, therefore also of the acute disease, should be found accurately reproduced among the symptoms of Aconite.

The effect is then astonishing.

It is precisely in the great acute inflammatory fevers in which Allopathy chiefly plumes itself as alone able to save life by means of bold, frequent venesectsions, and imagines that here it is superior in curative efficacy to all homœopathic treatment—it is precisely here that it is most mistaken. It is precisely here that the infinite superiority of Homœopathy is manifest, that it needs not to shed a single drop of blood, that precious vital fluid (which the Allopath recklessly draws off in streams, to the often irremediable disadvantage of the patient,) in order to transform this dangerous fever into health in as many hours as the allopathic vitality-diminishing treatment often requires months for the perfect restoration of those who are not carried off during the process by death, or, at all events, in the chronic after affections artificially caused by the means employed.

In these acute cases of disease sometimes a homœopathic intermediate remedy is required for the morbid symptoms remaining after twelve or sixteen hours' action of the first dose of Aconite; but it is very rarely that a second dose of Aconite is needed after this intermediate remedy.

By means of Aconite carefully administered in this way in a disease of the above mentioned character all danger is removed even in four hours, and the excited circulation resumes its tranquil vital course from hour to hour.

Although Aconite, on account of the short duration of its action (which in such small doses does not exceed forty-eight hours,) might seem to be useful only in acute diseases, yet it is an indispensable accessory remedy in

even the most obstinate chronic affections, when the system requires a diminution of the so-called *tension of the blood vessels* (the *strictum* of the ancients). On this subject, however, I cannot enter more fully in this place. Its utility in such cases is shown by the symptoms it produces in the healthy subject, which are partially recorded in the following pages.

Aconite is also the first and main remedy, in the minute dose indicated above, in inflammation of the windpipe (croup, membranous laryngitis,) in various kinds of inflammation of the throat and fauces, as also in the local, acute inflammations of all other parts, particularly where, in addition to thirst and quick pulse, there are present anxious impatience, an unappeasable mental agitation, and agonizing tossing about.

It produces all the morbid states similar to those seen in persons who have had a fright combined with vexation, and is also the surest and quickest remedy for them.

In the selection of Aconite as a homœopathic remedy particular attention should be paid to the symptoms of the disposition, so that they should be very similar.

Hence it is indispensable after fright or vexation in women during the catamenia, which without this excellent soothing remedy are only too easily, often instantaneously suppressed by such emotional disturbances. For this purpose a single momentary olfaction at a vial containing a globule the size of a mustard seed, moistened with the decillionth potency of Aconite (which may be kept for this purpose for years in a well-corked vial without losing its curative power) is quite sufficient.

Most of the apparently opposite Aconite symptoms recorded below are merely alternating states, and it may be curative by means of both, but it is most so in respect of those which have a tonic character.

ARGENTUM. (Silver).

This metal in its pure state, as leaf-silver (*argentum foliatum*), from the supposed impossibility of its being dissolved in our juices—an impossibility that has no better basis than theoretical speculation—is said by the teachers of *materia medica* to be just as powerful as gold (which see).

At first I allowed myself to be deterred by these confident assertions from using it medicinally, and therefore employed only the solution of nitrate of silver (in the dose of a drop of the quintillionth dilution), when I had the opportunity of observing the few subjoined symptoms caused by it.

But, in spite of all the denials of theorists without experience, who always persist in regarding the stomach as a cooking or digesting machine, containing gastric juice which, judging by their trials in the vessels of their laboratory, they found to be incapable of dissolving either metallic gold or metallic silver, and therefore considered these medicines to be incapable of exciting any action upon us as they do when chemically dissolved *lege artis* in the stomach, when they are *methodice* absorbed and introduced into the circulation of the blood; influenced by the reason I have adduced respecting gold, I could not refrain from employing pure silver in the metallic state. I therefore made experiments on the healthy body with leaf silver, after triturating it for an hour to the finest powder, with a hundred parts of milk sugar.

The few symptoms observed from it and set forth in the following pages furnish the homeopathic physician, in silver under this form, with a curative instrument in many similar morbid states, which cannot be cured by any other medicinal agent, and for which the ordinary physician fails to find a remedy in all his therapeutics, clinical experience and voluminous prescription books.

But I subsequently found that for homeopathic use another hundred-fold attenuation, that is to say, a grain of

powder containing 1:10,000 of silver, may be a still too large dose.

The empirical reputation of nitrate of silver in the ordinary forms of epilepsy is not well founded, and seems to have arisen from the circumstance that in some varieties of convulsions, where copper is indicated, a salt of silver containing copper has been used. But that pure silver, such as leaf silver is, should be efficacious in the worst and commonest form of epilepsy, is not borne out by the primary symptoms as yet revealed from its administration.

R. Boyle's so-called diuretic pills, which contain nitrate of silver, and which are so much praised by Boerhave, are quite unsuitable for their purpose, not only on account of the perilous size of the doses, but also because silver, as the subjoined symptoms produced by it show, only increases the urinary secretion in its primary action (consequently the opposite of the diminished urinary secretion in dropsical diseases), whereupon, by means of the ensuing reaction of the vital force, the opposite of the end aimed at must take place, which is its permanent secondary action, to wit, *a still greater diminution of the urinary secretion*; a true antipathic and, for this case, injurious procedure.

Such hurtful mistakes must have hitherto been committed by the ordinary physicians, because they were unacquainted with the primary effects of the medicines, and knew of no way whereby they could learn them, and took no pains to discover the right way. Indeed, for five and twenty centuries they have had no notion of primary and secondary actions, and knew not that the human organism develops as secondary action of medicines, as a permanent condition, the exact opposite of their primary action, and that, consequently, in order to effect any permanent cure, medicine to be really curative must be able to produce in their primary action the *simile* of the morbid state actually present, to allow us to expect from the reaction of the organism the opposite of the medical medicinal primary and of the disease similar to it, that is to

say, the destruction and alteration into health of the deranged sensations and functions.

On the other hand, silver can cure permanently some kinds of diabetes when the other symptoms of the disease correspond in similarity to the other primary symptoms of the remedy.

ARSENICUM.

As I write down the word Arsenic, considerations the most momentous throng upon my mind.

When the beneficent Creator made iron He no doubt permitted the children of men to fashion it either into the murderous dagger or the gentle ploughshare wherewith to kill or to feed their fellow creatures. How much happier would they be did they employ His gifts only for the purpose of doing good! This should be the aim of their life; this was His desire.

It is not to Him, the All-loving, we can impute the wickedness practiced by men, who have misemployed the wonderfully powerful medicinal substances in enormous doses in diseases for which they were not suitable, guided only by frivolous ideas of some paltry authority without having subjected them to any careful trial, and without any substantial reason for their choice.

If a careful tester of the uses of medicines and of their doses arise, they inveigh against him as an enemy to their comfort, and do not refrain from aspersing him with the vilest calumnies.

The ordinary medical art has hitherto employed, in large and frequently repeated doses, the most powerful drugs, such as Arsenic, Nitrate of Silver, Corrosive sublimate, Aconite, Belladonna, Digitalis, Opium, Hyoscyamus, etc. Homœopathy cannot employ stronger substances, for there are none stronger. When physicians of the ordinary stamp employ them, they evidently vie with one another who shall prescribe the largest possible doses of these drugs, and make a great boast of increasing these doses to such enormous extremes.

This practice they laud and recommend to their fellow practitioners. But if the homœopathic medical art employ the same drugs, not at random, like the ordinary method but after careful investigation, only in suitable cases and in the smallest possible doses, it is denounced as a practice of poisoning.

How prejudiced, how unjust, how calumnious is such a charge made by persons who make pretensions to honesty and rectitude.

If Homœopathy now make a fuller explanation—if she condemn (as from conviction she must) the monstrous doses of those drugs employed in ordinary practice—and if she, relying on careful trials, insists that very much less of them should be given for a dose, that where ordinary practitioners give a tenth, a half, a whole grain, and even several grains, often only a quadrillionth, a sextillionth, a decillionth of a grain is required and sufficient, then see the adherents of the ordinary school who denounce the homœopathic healing art as a system of poisoning, see how they laugh aloud at what they call childishness, and declare themselves convinced (convinced without trial) that *such a small quantity* can do nothing at all, and can have no effect whatever, is, indeed, *just the same as nothing*. They are not ashamed thus to blow hot and cold from the same mouth, and to pronounce the very same thing to be inert and ludicrously small which they had just accused of being a system of poisoning, whilst they justify and praise their own monstrous and murderous doses of the same medicines. Is not this the grossest and most wretched inconsistency that can be imagined, perpetrated for the purpose of being shamelessly unjust towards a doctrine which they cannot deny possesses truth and consistency, which is borne out by experience, and which enjoins the most delicate cautiousness and most unwearied circumspection in the selection and administration of its remedies?

Not very long ago a highly celebrated physician * spoke of pounds of opium being consumed every month in his hospital, where even the nurses were allowed to give it to

* Marcus of Bamberg.

the patients according to their fancy. Opium, mind! a drug which has sent many thousands of persons to their graves in ordinary practice! Yet this man continued to be held in honor, for he belonged to the dominant clique to which everything is lawful, even if it be of the most injurious and absurd character.

And when, a few years since, in one of the most enlightened cities of Europe, every practitioner, from the betitled physician down to the barber's apprentice, prescribed Arsenic as a fashionable remedy in almost every disease, and that in such frequent and large doses, one after the other, that the detriment to the health of the people must have been quite palpable; yet this was held to be honorable practice, though not one of them was acquainted with the peculiar effects of this metallic oxide (and consequently knew not what cases of disease it was suited for). And yet all prescribed it in repeated doses, a single one of which, sufficiently attenuated and potentized, would have sufficed to cure all the diseases in the whole habitable world for which this drug is the suitable remedy.

Which of these two opposite modes of employing medicines best deserves the flattering appellation of "system of poisoning," the ordinary method just alluded to, which attacks with tenths of grains the poor patients (who often require some quite different remedy), or Homœopathy, which does not give even a droplet of tincture of rhubarb, without having first ascertained whether rhubarb is the most suitable, the only appropriate remedy for the case. Homœopathy, which, by unwearied multiplied experiments, discovered that it is only in rare cases that more than a decillionth of a grain of Arsenic should be given, and that only in cases where careful proving shows this medicine to be the only one perfectly suitable?

To which of these two modes of practice does the title of honor, "thoughtless, rash system of poisoning," best apply?

There is yet another sect of practitioners who may be called hypocritical purists. If they are practical physicians they, indeed, prescribe all sorts of substances that are injurious when misused, but before the world they

wish to pose as patterns of innocence and caution. From their professorial chairs and in their writings they give the most alarming definition of poisons, so that to listen to their declamations it would appear unadvisable to treat any imaginable disease with anything stronger than quick-grass, dandelion, oxymel and raspberry juice. According to their account poisons are absolutely (*i. e.* under all circumstances, in all doses, in all cases) prejudicial to human life, and in this category they include, as suits their humor, a lot of substances which in all ages have been extensively employed by physicians for the cure of diseases. But the employment of these substances would be a criminal offence had not *every one* of them occasionally proved of use. If, however, each of them had only been of use on one single occasion—and it cannot be denied that this sometimes happened—then this definition, besides being blasphemous, is a palpable absurdity. Absolutely and under all circumstances injurious and destructive, and at the same time beneficial, is a self-evident contradiction, utter nonsense. They seek to wriggle out of this contradictory assertion by alleging that these substances have more frequently proved injurious than useful. But, let me ask, did the injury so frequently caused by these things come of itself, or did it not come from their improper employment? in other words, was it not caused by those physicians who made an unskillful use of them in diseases for which they were unsuitable? These medicines do not administer themselves in diseases; they must be administered by somebody, and if ever they were beneficial that was because they happened to be given appropriately by somebody; it was because they might always be beneficial if nobody ever employed them otherwise than appropriately.

Hence it follows that whenever these substances were hurtful and destructive, they were so only on account of having been inappropriately employed. Therefore, all the injury they did is attributable to the unskillfulness of their employer.

These narrow minded individuals further allege: "That

even when we attempt to tame Arsenic by means of a corrective, *e. g.*, by mixing it with an alkali, it still often does harm enough."

Nay, I reply, the Arsenic must not be blamed for this; for, as I before observed, drugs do not administer themselves, somebody administers them and does harm with them. And how does the alkali act as a corrective? Does it merely make the Arsenic weaker, or does it alter its nature and convert it into something else? In the latter case the neutral arsenical salt produced is no longer Arsenic proper, but something different. If, however, it be merely made weaker, then a simple diminution of the dose of the pure solution of Arsenic would be a much more sensible and effectual mode of making it weaker and milder than leaving the dose in its hurtful magnitude, and by the addition of another medicinal substance endeavoring to effect some, but nobody knows what, alteration in its nature, as takes place when a pretended corrective is used. If you think a tenth of a grain of Arsenic too strong a dose, what is to prevent you diluting the solution and giving less, a great deal less of it?

"A tenth of a grain," I hear some one say, "is the smallest quantity the etiquette of the profession allows us to prescribe. Who could write a prescription to be made up at the apothecary's shop for a smaller quantity, without rendering himself ridiculous?"

Oh, indeed! A tenth of a grain sometimes acts so violently as to endanger life, and the etiquette of your clique does not permit you to give less—very much less. Is it not an insult to common sense to talk in this way? Is the etiquette of the profession a code of rules to bind a set of senseless slaves, or are you men of free will and intelligence? If the latter, what is it that hinders you to give a *smaller* quantity when a *large* quantity might be hurtful? Obstinacy? the dogmatism of a school? or what other intellectual fetters?

"Arsenic," they protest, would still be hurtful, though given in much smaller quantity, even if we were to descend to the ridiculous dose of a hundredth or a thousandth of a

grain, a minuteness of dose unheard of in the posological maxims of our *materia medica*. Even a thousandth of a grain of Arsenic must still be hurtful and destructive, for it always remains an uncontrollable poison. So we affirm, maintain, conjecture, and assert."

What if with all this complacent asserting and conjecturing you have for once blundered upon the truth. It is evident that the virulence of the Arsenic cannot increase, but must decrease as the dose is reduced, so that we must at length arrive at such a dilution of the solution and diminution of the dose as no longer possesses the dangerous character of your regulation dose of a tenth of a grain.

Such a dose would, indeed, be a novelty! What kind of dose would it be? .

Novelty is, indeed, a capital crime in the eyes of the orthodox school, which, settled down upon her old lees, subjects the reason to tyranny of antiquated routine.

But why should a pitiful rule—why, indeed, should anything hinder the physician, who ought by rights to be a learned, thinking, independent man, a controller of nature in his own domain, from rendering a dangerous dose mild by diminishing its size?

What should hinder him, if experience should show him that the thousandth part of a grain is too strong a dose, from giving the hundred-thousandth part or the millionth of a grain? And should he find this last act too violently in many cases, as in *medicine all depends on observation and experience* (medicine being nothing but a science of experience), what should hinder him from reducing the millionth to a billionth? And if this prove too strong a dose in many cases who could prevent him diminishing it to the quadrillionth of a grain, or smaller still?

Methinks I hear vulgar stolidity croak out from the quagmire of its thousand-year-old prejudice: "Ha! ha! ha! A quadrillionth! Why, that's nothing at all!"

How so? Can the subdivision of a substance, be it carried ever so far, bring forth anything else than portions of the whole? Must not these portions, reduced in size to the very verge of infinity, still continue to be *something*,

something substantial, a part of the whole be it ever so minute? What man in his senses could deny this?

And if this (quadrillionth, quintillionth, octillionth, decillionth) continue still to be really an integral portion of the divided substance, as no man in his senses can deny, why should even such a minute portion, seeing that it is really *something*, be incapable of acting, considering that the whole was so tremendously powerful? But *what* and *how much* this small quantity can do can be determined by no speculative reasoning or unreasoning, but by *experience alone, from which there is no appeal in the domain of facts*. It belongs to experience alone to determine if this small portion has become too weak to remove the disease for which this medicine is otherwise suitable, and to restore the patient to health. This is a matter to be settled not by the dogmatic assertion of the student at his desk, but by *experience alone*, which is the only competent arbiter in such cases.

Experience has already decided the question, and is seen to do so daily by every unprejudiced person.

But when I have finished with the wiseacre, who, never consulting experience, ridicules the small dose of Homœopathy as a nonentity, as utterly powerless, I hear on the other side the hypocritical stickler for caution still inveigh against the danger of the small doses used in homœopathic practice, without a shadow of proof for his reckless assertion.

A few words here for such persons.

If Arsenic in the dose of a tenth of a grain be, in many cases, a dangerous medicine, must it not be milder in the dose of a thousandth of a grain? And, if so, must it not become still milder with every further diminution of the size of the dose?

Now, if Arsenic (like every other very powerful medicinal substance) can, by merely diminishing the size of the doses, be but rendered so mild as to be no longer dangerous to life, then all we have to do is merely to find by experiment how far the size of the dose must be diminished, so that it shall be small enough to do no harm, and yet large

enough to effect its full efficacy as a remedy of the diseases for which it is suitable.

Experience, and that alone, not the pedantry of study, not the narrow minded, ignorant, unpractical dogmatism of the schools, can decide what dose of such an extremely powerful substance as Arsenic is, is so small as to be capable of being ingested without danger, and yet of remaining sufficiently powerful to be able to effect in diseases all that this medicine (so invaluable when sufficiently moderated in its action, and selected for suitable cases of disease) was from its nature ordained to do by the beneficent Creator. It must, by dilution of its solution and diminution of the dose, be rendered so mild that while the strongest man can be freed by such a dose from a disease for which it is the appropriate remedy, this same dose shall be incapable of effecting any perceptible alteration in the health of a healthy infant.*

This is the grand problem that can only be solved by oft-repeated experiments and trials, but not settled by the sophistical dogmatism of the schools with its guesses, its assertions and its conjectures.

No rational physician can acknowledge any such limitation to his mode of treatment as the rusty routine of the schools—which is never guided by pure experiment combined with reflection—would dictate to him. His sphere of action is the restoration to health of the sick, and the countless potent forces of the world are freely given to him by the Sustainer of life as implements of healing; naught is withheld. To him whose calling it is to vanquish the disease that brings its victim to the verge of

* A medicine homœopathically chosen, that is to say, a medicine capable of producing a morbid condition very similar to that of the disease to be cured, affects only the diseased parts of the organism, therefore, just the most irritated, extremely sensitive part of it. Therefore, its dose must be so small as only to affect the diseased part just a little more than the disease itself did. For this the smallest dose suffices, one so small as to be incapable of altering the health of a healthy person who has naturally no point of contact sufficiently sensitive for this medicine or of making him ill, which only large doses of medicine can do.

corporeal annihilation, and effect a kind of recreation of life (a nobler work than most other, even the most vaunted performances of mankind), to him the whole direct expense of nature with all her curative powers and agents, must be available, in order to enable him to perform this creative act, if we may so call it. But he must be at liberty to employ these agents in the exact quantity, be it ever so small or ever so large, that experience in such trials show him to be most adapted to the end he has in view; in any form whatever that reflection and experience have proved to be most serviceable. All this he must be able to do without any limitation whatsoever, as is the right of a free man, of a deliverer of his fellow creatures, and a life restorer, equipped with all the knowledge pertaining to his art, and endowed with a God-like spirit and the tenderest conscience.

From this God-serving and noblest of all earthly occupations let all hold aloof who are deficient in mind, in the judicial spirit, in any of the branches of knowledge required for its exercise, or in tender regard for the weal of mankind, and a sense of his duty to humanity, in one word, who are deficient in true virtue! Away with that unhallowed crew who merely assume the outward semblance of health restorers, but whose heads are crammed full of vain deceit, whose hearts are stuffed with wicked frivolity, whose tongues make a mock of truth and whose hands prepare disaster!

AURUM. (Gold).

Just as superstition, impure observations, and credulous assumptions have been the source of innumerable falsely ascribed remedial virtues of medicines in the *Materia Medica*; in like manner physicians, by their failure to resort to the test of experiment and by their futile theorizing, have quite as unreasonably denied the possession of any medicinal power whatever to many substances that are very powerful, and consequently of great curative virtue;

and by so doing they have deprived us of these medicines.

In this place I will only speak of *gold*, and not of this metal altered by the ordinary chemical processes, consequently not of it dissolved by the action of acids nor precipitated from its solution (fulminating gold) both of which have been declared to be, if not useless then absolutely noxious, apparently because they cannot be taken without dangerous consequences when given in what is called a *justa dosis*, or, in other words, in excessive quantity.

No! I speak of pure gold not altered by chemical manipulations. Modern physicians have pronounced this to be quite inactive; they have at length expunged it out of all their *Materia Medicas*, and thereby deprived us of all its mighty curative virtues.

"It is incapable of solution in our gastric juices, hence it must be quite powerless and useless." This was their theoretical conclusion, and in the medical art, as is well known, such *theoretical dicta* have always availed more than *convincing proof*. Because they did not question experience, the only possible guide in the medical art which is founded on experience alone; *because it was easier to make mere assertions*, therefore they usually preferred bold dicta, theoretical, empty assumptions and arbitrary maxims to solid truth.

It is no excuse for them that the older physicians have also deemed gold to be quite useless and powerless, that, for example, Fabricius says: "What effect can the low temperature of our stomach have on gold-leaf, seeing that it is unaltered by the most intense heat." Or Nicholas Monardes: "Patients may take my word for it, and spare themselves the expense of employing gold as a medicine—they can never obtain any medicinal virtue from it for their maladies." Or Alston: "Seeing that gold in its metallic state cannot be dissolved or altered by the vital power, it can consequently have no medicinal action, but what it exerts on the intestines by its virtue of weight, hardness and mechanical form." Or, lastly, T. F. Gmelin: "As gold is not destructible, not resolvable into vapor, and

is hence incapable of union with the juices of the animal body, therefore it cannot possess curative virtues.”*

They were all wrong, and so were all the modern physicians.

Gold has great, peculiar, medicinal powers. At first I allowed myself to be deterred by these deniers from hoping for medicinal properties in pure gold; but as I could not persuade myself to consider any metal whatsoever as destitute of curative powers, I employed it at first in solution. Hence the few symptoms from the solution of gold recorded below. I then gave, in cases where the symptoms guided me to the homeopathic employment, the quintillionth or sextillionth of a grain of gold in solution for a dose, and observed curative effects somewhat similar to those I afterwards experienced from pure gold.

But because, as a rule, I did not like, when I can avoid it, to give the metals dissolved in acids (when I cannot avoid doing so, I prefer their solutions in vegetable acids), and least of all in mineral acids, as that detracts from their noble simplicity, for they must assuredly undergo some alteration in their properties when acted on by these acids—as we must perceive on a comparison of the curative effects of the corrosive sublimate with those of the black oxide of mercury—I was delighted to find a number of Arabian physicians unanimously testifying to the medicinal powers of gold in a finely pulverized form, particularly in some serious morbid conditions, in some of which the solution of gold had already been of great use to me. This circumstance inspired me with great confidence in the assertions of the Arabians.

The first trace of this we meet with in the eighth century, when Geber, vaunts gold as a “*materia lectificans et en juventute corpus conservans.*”

Towards the end of the tenth century Serapion the

* It was very stupid to attempt to decide theoretically the question whether gold can possess remedial properties—the only proper thing to do was to convince ourselves by trial and experience whether it had remedial powers or not. If it has curative virtues then all the theoretical denials are ridiculous.

younger recommends it in these words: "Powdered gold is useful in melancholy and weakness of the heart."

Then at the commencement of the eleventh century Avicenna says: "Powdered gold is one of the medicines against melancholy, removes fetor of the breath, is, even when given internally, a remedy for falling out of the hair, strengthens the eyes, is useful in pain of the heart and palpitation, and is uncommonly serviceable in dyspnœa."

Abulkasem (Abulcasim), at the commencement of the twelfth century, is the first who describes the preparation of this gold powder in these words: "The gold is rubbed on a rough linen cloth in a basin filled with water, and the fine powder that falls to the bottom of the water is to be employed for administration."

Johan von St. Amand in the thirteenth century describes the same method of its preparation.

This mode of preparation was imitated by Zacutus, the Portugese, and he records the history of the case of a nobleman who had long been troubled with melancholy ideas, whom he cured in a month by the *sole* use of a fine powder obtained by rubbing gold on a grindstone.

I may refer here to the laudations of gold powder and of gold by many writers, ancient and modern. But leaving these authorities out of the question, I thought I might attach more value to the testimony of the Arabians as to the curative powers of finely powdered gold than to the theoretical unfounded doubts of the moderns, so I triturated the finest gold leaf (23 carats, 6 grains) with 100 parts of milk-sugar for a full hour, for internal medical use.

I will not attempt to determine if in this fine powder the gold is only triturated smaller, or if by this energetic trituration it has become to some degree oxidated. Enough, that in proving it on some healthy adults, 100 grains of this powder (containing one grain of gold), dissolved in water, sufficed to excite very great alterations in the health and morbid symptoms, which are recorded below. From these it will be perceived that the assertions

of the Arabians are not without foundation, as even small doses of this metal given in the form mentioned caused even in healthy adults morbid states very similar to those cured (in unconscious homœopathic manner) by those Orientals, who deserve credit for their discovery of remedies.

Since then I have cured quickly and permanently of melancholia, resembling that produced by gold, many persons who had serious thoughts of committing suicide, by small doses, which for the whole treatment contained altogether from the 3-100 to the 6-100 of a grain of gold. I do not doubt that much higher attenuations of the powder and much smaller doses of gold would amply suffice for the same purpose.

* * * * *

Some time after writing the above I had an opportunity of convincing myself that a hundred-fold higher attenuation of the above preparation (made by triturating gold with a hundred parts of milk-sugar), consequently 1:10,000-part of a grain of gold for a dose, showed itself not less powerful in a curative point of view, especially in caries of the palatal and nasal bones, caused by the abuse of mercury prepared with mineral acids. In the subjoined schema the symptoms of gold homœopathic to these affections will be readily observed.

By further trituration and dilution the power of gold is still more developed and spiritualized, so that I now employ for all curative purposes only a very small portion of a grain of the quadrillion-fold dilution for a dose.

Would our physicians, by their customary method of fabricating the virtues of medicines out of airy hypothesis, and constructing a *materia medica* of such fanciful materials, ever have discovered the remarkable power of a metal which their learned speculations had consigned to the category of utterly powerless substances? And which other of the favorite methods of our *materia medica* manufacturers would have taught us these remedial properties of gold? These have been clearly and certainly taught to the homœopathic physician by the symptoms it produces, which resemble the morbid states it is capable of curing.

Poor, fabulous *materia medica* of the ordinary stamp, how far dost thou lag behind the revelation which medicines in their action on the healthy human body clearly make by the production of morbid symptoms, which the homœopathic physician can employ with infallible certainty for the cure of natural disease.

The duration of the action of gold in not extremely small doses is at least twenty-one days.

BELLADONNA.

The plant gathered in the garden (on a rather dry soil and preferably on the slope of a hill) is little if at all inferior in medicinal power to the wild plant, although some physicians have asserted the contrary.

From the following complete list of the symptoms of Belladonna it will readily be seen that it corresponds in similarity to a number of morbid states not unfrequently met with in life, and that hence it must frequently be homœopathically applicable for curative purposes, like a poly-chrest.

Those small-souled persons who cry out against its poisonous character must let a number of patients die for want of Belladonna; and their hackneyed phrase, that we have well-tried mild remedies for these diseases, only serves to prove their ignorance, for no medicine can be a substitute for another.

To take an example: How often are the worst forms of sore-throat (especially those combined with external swelling) given over to death, in spite of all their employment of venesectioins, leeches, blisters, gargles, emollient poultices, cooling powders, sudorifics and purgatives. And yet, without all these tortures, they might have been cured in a few hours with a single minute dose of Belladonna.

And what other real medicine would not be hurtful, dangerous, and poisonous in the hands of the ignorant? Certainly every powerful medicine would be so if given in

unsuitable cases of disease and in disproportionately large doses—for which the so-called physician would be solely to blame. On the other hand, the most potent and energetic medicines will become the mildest by diminishing the dose sufficiently, and they will become the curative, even for the most delicate and sensitive bodies, when they are given in appropriate smallest possible doses, and when the case of disease consists of affections very similar to what the medicine itself has shown it can call forth in healthy human beings. With such potent drugs as Belladonna, we must never neglect to exercise the requisite care in the homœopathic selection. But this would never enter the head of the routine practitioner who, as it is well known, is in the habit of treating all cases with a few prescriptions learned by rote.

Taught by a hundred fold experience at the sick bed during the last eight or ten years, I could not help descending to the decillion-fold dilution, and I find the smallest portion of a drop of this for a dose quite sufficient to fulfil every curative intention attainable with this medicine.

Two drops of the juice mixed with equal parts of alcohol, taken as unity (as with other vegetable juices), and shaken with 99 to 100 drops of alcohol by two downward strokes of the arm (whose hand holds the mixing vial) gives a hundred fold potentized dilution; one drop of this shaken in the same way with another 100 drops of fresh alcohol gives the ten-thousand fold dilution, and one drop of this shaken with 100 drops of alcohol, the million fold. And thus in thirty such vials the potentized dilution is brought to the decillion fold, with which the homœopathic physician effects the cures he can expect to make with Belladonna.

Belladonna, in the small dose just described, is, if the case is homœopathically adapted, capable of curing the most acute diseases (in which it acts with a rapidity proportionate to the nature of the disorder). On the other hand, it is not less serviceable in the most chronic ailments, in which its duration of action, even in the smallest dose, amounts to three weeks and more.

Almost all authors have asserted that vinegar is an antidote to Belladonna, but that is a mere conjecture, copied in simple faith by one from another, and yet nothing is further from the truth. Repeated experience has taught me that vinegar only aggravates the ill-effects of large doses of Belladonna.

Opium relieves the paralytic symptoms and abdominal pains caused by Belladonna, but only in an antipathic and palliative way, very probably also it removes, in very small doses, the sopor caused by Belladonna.

But the stupefied condition, the mania and the fury caused by Belladonna, are soonest and most surely homœopathically removed by one or two small doses of Henbane. But the intoxication by itself is best subdued by wine, as I have seen, and as Trajus and Moibanus long ago observed.

When a small dose of Belladonna, unhomœopathically selected, causes lachrymose disposition with chilliness and headache, an equally small dose of Pulsatilla relieves.

But suitable help is most urgently required in cases where Belladonna has been swallowed in considerable quantities, for example, in the form of its berries. In such cases relief is obtained by drinking a large quantity of strong coffee, which removes the loss of irritability and the tetanic convulsions, though it only does that antipathically. It also promotes the vomiting of the berries most certainly, the fauces being at the same time irritated with a long feather in order to empty the stomach.

The erysipelatous swellings caused by Belladonna are readily removed by Hepar sulphuris. Camphor, too, displays much antidotal power against some of the morbid effects caused by Belladonna.

The prophylactic power of Belladonna (given in the smallest dose every six or seven days) discovered by me, against the true erysipelatoid smooth *scarlet fever*, as described by Sydenham, Plencitz, and others, was calumniated and ridiculed for nineteen years by a large number of medical men, who were not acquainted with this peculiar form of children's disease, and consequently mistook

for it the *red miliary* (*purpura miliaris, roodvonk*) that came from Belgium in 1801. This they falsely called "scarlet fever," and naturally they failed to get any result from the administration of my prophylactic and curative remedy for true scarlet fever, in this red miliary fever. I am happy to say that of late years other medical men have again observed the old true scarlet fever. They have amply testified to the prophylactic power of Belladonna in this disease, and have at last rendered me justice after having been treated so long with unmerited contempt.

This red miliary (*roodvonk*) is quite a different disease, requiring quite different treatment. Belladonna naturally does no good in it, and the ordinary routine practice allows the majority of patients to die of it. These might be all cured by the alternate administration of Aconite and tincture of raw coffee—the former for the heat and increasing restlessness and agonizing anxiety, the latter for the excessive pains with the lachrymose humour. The Aconite should be given in the decillion-fold dilution of the juice, and the raw coffee of the million-fold dilution; both in the smallest portion of a drop for a dose, the one or the other, according as they are indicated, given every twelve, sixteen, or twenty-four hours. In recent times these two very different diseases (*smooth scarlet fever and purple miliary*) seem to have occurred complicated with one another in some epidemics; hence in some of the patients Belladonna, in others Aconite, seemed to have been most useful.

BRYONIA-ALBA.

The duration of the action of a somewhat larger dose of this vegetable juice can be perceived for a couple of weeks.

The similarity of its effects to many of the symptoms of *Rhus toxicodendron* cannot fail to be noticed; in the preface to the latter medicine I have sufficiently dwelt upon this. At the same time *Bryonia* affects the disposition quite differently, its fever consists chiefly of chilliness,

and its symptoms are mostly excited or aggravated by corporeal exertion, although its alternating effects, when the symptoms are relieved by movement, are not very rare.

Hence, when using Bryonia in diseases, there occur cases where the remedy, although chosen as homœopathically as possible and given in sufficiently small dose, does not render adequate service in the first twenty-four hours. The reason of this is that only one, and that the wrong series, of its alternating actions correspond. In such cases a fresh dose administered after twenty-four hours affects amelioration by the production of the opposite alternating actions. (The same happens with respect to all drugs, a second dose given immediately and quickly after the first one partially destroys the action of the first dose). This happens with only very few other medicines having alternating actions (*vide* the preface to Ignatia, but it occurs not rarely with Bryonia).

When it has been really wrongly selected and was not truly homœopathic, the bad effects are generally removable by Rhus, or, according to circumstances, by some other medicine corresponding more exactly to the bad effects produced, such as Camphor.

From the rich treasury of symptoms it causes in the healthy human body, a number of artificial morbid states may be put together, of which we may happily avail ourselves for the homœopathic relief of many ailments of daily occurrence, especially certain fevers, and some kinds of so-called abdominal spasms of the female sex. Hence its remedial powers are of great extent.

In severe acute diseases, with great excitement, the most serviceable dose is a very high attenuation, one higher than I have previously used, to-wit, a very small globule of the decillionfold potency. The more or less strong olfaction of a globule the size of a mustard seed moistened with this attenuation acts more gently and certainly, and is equally efficacious in its effects upon the vital force—so amendable to accurately selected homœopathic remedies—which has been appointed by the wise Creator for bringing about the cure.

CALCAREA ACETICA.

Experience, and experience alone, but not baseless conjecture, can and dare pronounce respecting the power of drugs to effect alterations in the health of human beings.

From the earliest times it has been firmly accepted as a maxim in ordinary medicine, that calcareous substances introduced and taken into the human body are useless and powerless. It was, no doubt, conceded that they absorbed and neutralized morbid acids present in the stomach, but even in such cases the calcareous neutral salt thence resulting was held to be unmedicinal.

In the ordinary condition of the stomach there is no free acid in the gastric juice, and likewise none in many of its morbid states, and hence pure calcareous earth, considering its nature, may perhaps not be a medicine capable of altering the health of human beings; but the inference from this as to its non-medicinal character in a state of solution, without an appeal to experience on the subject, is, like all inferences *a priori* in medicine, which are not based on facts, to say the least, extremely premature and dogmatic; like most of these in ordinary medicine.

Some cases of great disturbance of the health following the ingestion of pure carbonate of lime in persons who were manifestly suffering from morbid acidity in the stomach, induced me to institute experiments with it in a dissolved state, and I found it possessed of great medicinal power, as the following symptoms show.

In order to obtain pure calcareous earth dissolved in pure Acetic acid, I boiled crude, well-washed oyster shells for an hour in pure spring water, then broke them into fragments without using any metal instrument, and dissolved these fragments in distilled vinegar, which I heated up to a boiling point in a porcelain vessel until complete saturation was gradually effected. The filtered solution was evaporated to one-fifth in a similar vessel, and with this fluid neutral salt, without the addition of alcohol, the following experiments were made.

CAMPHORA.

I give here the symptoms hitherto observed from Camphor, not as a complete list of all the effects to be expected from it, but only as a commencement thereof, so that at some future period the remainder of its effects may be added to this list.

From the earliest times this medicine has been blindly used and improperly employed in large and massive doses, so that its true action has never been ascertained, nor could it be ascertained, as it has almost always been given only along with several other drugs, either mixed up with, or administered at the same time with it, and moreover, and this is the worst, it has only been employed amid the tumult of the symptoms of diseases. For the pure effects of it, observed by Alexander, are very meagre and confined to mere general expressions.

The action of this substance is very puzzling and difficult to determine, even in healthy organisms, because its primary action more often rapidly alternates and becomes mixed up with the reactions of the life (secondary action) than is the case with any other medicine, so that it is frequently hard to distinguish what is to be ascribed to the reaction of the body, and what to the alternating action of the Camphor in its primary action.

But, at all events, a commencement of a pure proving of it must be made, and as such I offer the following symptoms.

In its curative action Camphor is just as puzzling and wonderful, for it removes the violent effects of very many, *extremely different*, vegetable medicines (and even those of the animal drug Cantharides and of many mineral and metallic drugs), and hence it must have a sort of general pathological action, which, however, we are unable to indicate by any general expression; nor can we even attempt to do so for fear of straying into the domain of shadows, where knowledge and observation cease, whilst imagination

deceives us into accepting dreams as truth; where we, in short, abandoned by the guiding of plain experience, grope about in the dark, and with every desire to penetrate into the inner essence of things, about which little minds so presumptuously dogmatize, we gain nothing by such hyper-physical speculations but noxious error and self deception.

Camphor, as I can testify from experience, removes the too violent action of very many drugs, whether unsuitably employed or given in too large doses, but generally only in the primary action, as a kind of contrarium, as a palliative. For this purpose it must be given very frequently, but in very small doses—when requisite every five to fifteen, or when there is great urgency every two or three minutes, about one drop of the saturated alcoholic solution (one-eighth of a grain) shaken up in half an ounce of water until dissolved, or by means of olfaction of a saturated alcoholic solution of Camphor every three, four, six, ten, fifteen minutes.

One grain of Camphor (dissolved in eight drops of alcohol) combines with 400 grains of tepid water, and when shaken becomes completely dissolved, contrary to the assertion in almost all works on *materia medica* that is quite insoluble in water.

I have not found Camphor suitable as an antidote to the violent effects of Ignatia.

The rapid exhaustion of its action and the quick change of its symptoms render it incapable of curing most chronic diseases.

That cutaneous inflammation, which spreads in a radiating manner, is bright red, the redness disappearing for an instant when pressed with the finger, commonly called *erysipelas* (rose), when it arises from internal causes is always only a single symptom of the disease. Now, as Camphor when applied externally excites a kind of erysipelas, so, in acute diseases accompanied by erysipelas, it is useful as an external application, if the other symptoms of the internal malady are present among the symptoms of Camphor.

When the influenza endemic in Siberia comes among us,

as it does occasionally, when the hot stage has already commenced, Camphor is of service, only as a palliative certainly, but an invaluable palliative, seeing that the disease is one of short duration. It should be given in frequent but ever increasing doses, dissolved in water as above described. It does not shorten the duration of the disease, but renders it much milder, and hence it conducts the disease innocuously to its termination. (On the other hand, *Nux vomica*, in a single dose, and that the smallest possible, will often remove the disease homœopathically in a few hours).

When dangerous effects ensue from a large dose of Camphor, Opium is useful as an antidote; and, on the other hand, Camphor is a prompt antidote in Opium poisoning; thus each of these substances removes the effects of the other. It is therefore astonishing how Opium and Camphor have hitherto been given in combination in one prescription!

CAPSICUM ANNUUM.

In both the Indies where "Spanish pepper," as it is called, is indigenous, it is chiefly used only as a spice. It was introduced as such into England, France, and Italy, and at length was adopted in Germany as a spice to season sauces at the dainty tables of high livers (the pulverized seeds of the still more pungent *Capsicum baccatum*, or "Cayenne pepper," being often used as a substitute) in order to stimulate the palate to an unnatural appetite, and thus—ruin the health.

In the meantime but little was heard of the medicinal use of this powerful substance. Bergius alone (*Materia Medica*, p. 147) mentions having cured several agues of long standing with two-grain doses of Capsicum; but he did not give it alone, for the old original sin of traditional medicine, *the mixture craze*, induced him to combine it with bay berries, in the proportion of twenty of the latter to three of the former. He does not describe the agues

cured by it according to the totality of their symptoms, but only employs the expression "old agues" after the manner of his other old school colleagues, so that the *virtus ab usu* of the mixture prescribed is shrouded in darkness.

On the other hand, the homœopathic physician proceeds much less doubtfully and with much greater certainty in his cures with Capsicum, for guided by the peculiar, pure morbid states produced by this powerful medicinal substance in the healthy body (some of which I here record), he only attempts the removal of those natural diseases the sum of whose symptoms is contained in the greatest possible similarity among those of Capsicum.

The diseases curable by Capsicum are rarely met with in persons of tense fibre.

CARBO VEGETABILIS. (Wood Charcoal.)

From the earliest times physicians have considered charcoal to be non-medicinal and powerless. Empiricism only placed among the ingredients of her highly composite powders for epilepsy, the charcoal of lime-wood, without being able to adduce any evidence of the efficacy of this substance by itself. It is only in recent times, since Lowitz, of St. Petersburg, discovered the chemical properties of wood charcoal, especially its power of removing from putrid and mouldy substances their bad smell, and of preserving fluids from fetid odors, that physicians began to employ it externally. They advised rinsing of the mouth with powdered charcoal in cases of fetor of the breath, the application of the same powder to putrid ulcers, and in both cases the fetor was immediately removed. Administered internally in the dose of several drachms, it removed the evil odor of the stools in autumnal dysentery.

But this is merely a chemical use of wood-charcoal, for it takes away the foul odor of putrid water when mixed with it in lumps not pulverized, and indeed it does so most effectually in coarse fragments.

This medicinal employment of it was, as I have said, merely a chemical one, and not at all a dynamical employment penetrating into the inner vital sphere. The mouth rinsed out with it only remained free from fetor for a few hours. The evil smell of the mouth returned every day. The old ulcer was not improved by it and the fetor, chemically removed from it for the moment, always recurred. The powder ingested in autumnal dysentery removed the fetor of the stools chemically for but a short time; the disease remained and the disgusting smell of the stools soon returned.

In such a coarse pulverized state charcoal can exercise almost none other than a chemical action. A considerable quantity of wood charcoal may be swallowed in its ordinary crude condition without producing the slightest alteration of the health.

It is only by prolonged trituration of the charcoal (as of many other dead and apparently powerless substances) with a non-medicinal substance, such as milk-sugar, that its inner concealed, and in the crude state latent and, so to speak, slumbering dynamical medicinal power can be awakened and brought into life. This can be effected by triturating one grain of wood charcoal for an hour with 100 grains of milk-sugar; but its power will be developed still more vivaciously and powerfully if one grain of this powder be triturated for the same length of time with 100 grains of milk-sugar, and it will be made far more efficacious (potentized) if one grain of this last powder be again triturated for an hour with another 100 grains of milk-sugar. In this way a million-fold powder attenuation is produced, a small portion of a grain of which moistened with a drop of water and ingested, produces great medicinal effects and derangement of the human health.

The following peculiar, pure effects of wood-charcoal on the human health were caused by the ingestion of a few grains of this million-fold powder attenuation of wood charcoal. Its medicinal powers can be developed in a still higher degree by a further trituration with 100 parts of fresh milk sugar; but for homœopathic medicinal use a

stronger potentization of wood charcoal than the million-fold attenuation should by no means be employed.

The occasional production in sensitive patients of too energetic action from a small dose of this preparation is soon diminished by smelling several times at a saturated solution of Camphor in alcohol, and apparently completely removed by frequent repetitions of the olfaction.

[The records of traditional medicine have contributed no symptoms to this proving].

CHAMOMILLA. (Camomile.)

It will be seen from the following symptoms of Camomile, though they are far from being exhaustive, that this plant must evidently be reckoned among the medicines of many uses (polychrests). Hence in their domestic practice the common people have employed it in all kinds of maladies, especially those of an acute character. On this account physicians in their ludicrous pride have not deigned to regard it as a medicine, but, giving it the contemptuous name of "domestic remedy," they permitted their patients to use it by handfuls in infusion as a tea or as a clyster along with the medicines they prescribed,* just as if Camomile, being but a vulgar domestic remedy, was of no account. In like manner they allowed their patients to apply bagfuls of the warmed flowers in any quantity they pleased to painful parts, whilst they themselves directed quite different medicines to be taken internally. Obstetric practitioners permitted the midwives and mothers to mix Camomile tea in almost all the drinks and food of

* In order to avoid the degradation of admitting into their elegant prescriptions a vulgar folk's-remedy like the ordinary Camomile, when it was desired to give a medicine of this sort, they preferred to order the dearer and more aristocratic Chamomilla romana off., without considering that this, being quite a different plant, belonging, indeed, to a totally different genus of plants (*Anthemis nobilis*, L.), must possess different properties and actions. But what does a man who *only wants a name* in his prescriptions care about the peculiar actions of medicines?

children at the breast and wet-nurses, as though it were a purely wholesome, non-injurious, or at least a perfectly unimportant and indifferent matter.

To such an extent did the blindness of physicians go with respect to a plant which belongs to the category of powerful medicines, whose exact power and importance it was their duty to ascertain, in order not only to learn how to make a rational and wholesome employment of it, but also to prevent its misuse by the common people, and to teach them in what particular cases Camomile could only be employed beneficially, and in what cases its use was to be avoided.

But hitherto physicians have neglected their duty in all these respects; on the contrary, they vied with the common people in the thoughtless recommendation or permission to use this powerful medicinal plant in all cases of disease, *without any distinction*, in any quantity or dose the patients chose.

But it does not require much sense to perceive that no medicine in the world can be useful in all diseases, and that every one possesses an accurately defined curative sphere of action, beyond which every powerful medicinal substance, like Camomile,* must act in a thoroughly injurious manner, and so much the more injuriously the greater its powers are. Hence the physician who does not desire to act like a charlatan ought to be able to tell beforehand, not only the cases in which Camomile must be beneficial, but also those in which its use must be injurious. Finally, he should be able also to determine the exact dose, which shall be neither too large nor too small for the disease. By the administration of the appropriate dose the cure of the disease by this plant may be anticipated with the greatest certainty.

Did we not know by thousands of other instances in what a melancholy state, in what incomprehensible blindness, so-called practical medicine has groped through so many centuries, and how it has done everything to emulate

* Every medicine that is capable of curing serious ailments must naturally be a powerful medicine.

the common herd in their folly, it would only be necessary to direct the attention of an unprejudiced person to the proceedings of physicians in regard to this powerful medicinal plant, Camomile.

For as it is impossible that any one medicine, be it ever so useful, can be serviceable and curative in one-tenth part of the enormous number of different morbid states that exist in nature, so neither can Camomile.

But let us suppose the impossible case, that Camomile is curative in a tenth of all known diseases, must it not, if employed as hitherto, in almost all cases of disease without distinction, do harm in the other nine-tenths? Is it wise to purchase a single benefit* by a ninefold injury? "What! injury?" retorts the ordinary practitioner; "I never saw any injury from Camomile." Yes, as long as you are ignorant of the morbid symptoms and ailments that Camomile as a powerful medicine is capable of developing *per se* and in a peculiar manner in the healthy human body, you cannot recognize the ailments due to its employment in diseases, as the injurious effects of Camomile; and in your ignorance you often attribute them to the course of the disease itself, to the malignity of the disease, and thus you deceive yourself and the poor tortured patient.

Look in this mirror, look at the following Camomile symptoms, and when you are practising your ordinary slipshod treatment with an unlimited simultaneous employment of Camomile, behold the serious hurtful symptoms and ailments caused by Camomile, consider how much

† It would be sufficiently stupid if one should purchase all the tickets of a class lottery in order to obtain the several prizes in it, without considering that he thereby incurs a palpable loss of ten per cent. But what could possibly be more foolish than, supposing there was a lottery which obviously brought a loss of nine-tenths to its subscribers, for a person to buy up all the tickets and so incur a certain loss of nine whilst he could only win one? And yet the ordinary practitioner who employs Camomile in every case is far more foolish; he does a much greater proportion of injury, only with this difference, that the injury does not touch himself, but only his wretched patient.

discomfort and torture you inflict on your patients by the abuse of this powerful plant in unsuitable cases and in excessive doses.*

See from this list of symptoms, incomplete though it be, how often, where the disease would frequently have passed away by itself, you have prolonged, doubled, multiplied the sufferings of the patient by exciting an accumulation of the peculiar Camomile ailments by your senseless continued abuse of this drug! As long as you really did not know, did not suspect the peculiar sufferings Camomile is capable of occasioning, you sinned out of pure ignorance; but now that you have here displayed before you a list of the pure pathogenetic effects of Camomile, you may well begin to be ashamed of your sin in inflicting so much suffering on your patients, who come to you in order to obtain from you an alleviation of their sufferings, a cure and relief of their diseases, by your every day employment or unlimited permission to take it in cases for which it is unsuitable, and moreover, in such enormous doses.

From the symptoms and ailments which Camomile excites *per se* in the healthy human being (and the same is the case with all dynamically acting medicines) we see what are the natural morbid states it can and must cure rapidly, certainly, and permanently. I need not point out these to him who knows how to employ it homœopathically.

In the cases for which this plant is suitable, indicated by the correspondence of the symptoms of the disease with the peculiar Camomile symptoms, it effects a perfect cure in very small doses, *when the patient is protected from all*

* Often, when, in the ordinary *hap-hazard* practice, Camomile may have been administered in an appropriate case (for it must occasionally happen that a polychrest medicine, which is given in all sorts of cases, will by chance meet with a case of disease for which it is suited), it does harm, owing to the excessive quantity in which it is taken. It removes the symptoms of the malady to which it is Homœopathic, but inflicts in addition many useless sufferings, by producing some of its other severe symptoms which are not developed by a small dose, and thus it does harm in even the most appropriate cases by the unnecessarily strong dose.

other foreign medicinal influences, as he ought to be in every rational mode of treatment. I have found a single drop of the quadrillion-fold attenuation of the juice of the plant, prepared as above directed, not only sufficient, but sometimes (when the patient was very sensitive) rather too strong. Any one who has a fancy to compare these doses with the ordinary ones of a couple of ounces of Camomile flowers in infusion, the drug being also given at the same time in clysters and fomentations, as it often is in the ordinary stupid routine practice, may do so. Well-attested truth is on *my* side.

Chamomilla has not a long duration of action, but in large doses its action extends over some, occasionally many days.

The injurious effects of its employment in excessive doses and in unsuitable cases are soon removed, according to the symptoms, sometimes by raw coffee, sometimes by Ignatia, sometimes by Pulsatilla; but if they consist of tearing and shooting pains relieved by moving the affected part, by Aconite. Coffee, when it is not used by the patient as his daily beverage, also removes many of the sufferings caused by Camomile, and, on the other hand, Camomile is often a powerful antidote to the hurtful effects of coffee, when the symptoms do not rather point to Nux vomica. But when the injurious effects of coffee are continually renewed by its daily use as a beverage, Camomile can no more relieve the coffee-drinker of his morbid symptoms than wiping up can avail while the rain continues to fall.

Camomile in the smallest dose seems to diminish in a remarkable manner over sensitiveness to pain or the too acute sufferings of the organs of the emotions from excessive pain. Hence it alleviates many of the affections caused by coffee drinking and by courses of treatment with narcotic palliatives. On this account it is unsuited for persons who bear pain calmly and patiently. I attach great importance to this observation.

Of late I have seldom been able to employ Camomile as a curative agent. When in new patients the symptoms indicated the employment of Camomile I have usually found

that they were not original symptoms of disease, but as the history showed, symptoms resulting from the abuse of Camomile, so that I had only to give antidotes for the ailments occasioned by the latter in order to cure the disease that had been artificially produced thereby.

CHELIDONIUM.

The ancients imagined that the yellow color of the juice of this plant was an indication (signature) of its utility in bilious diseases. The moderns from this extended its employment to hepatic diseases, and though there were cases where the utility of this plant in maladies of that region of the abdomen was obvious, yet the diseases of this organ differ so much among one another, both in their origin and in the attendant derangements of the rest of the organism; moreover, the cases in which it is said to have done good have been so imperfectly described by physicians, that it is impossible from their data to tell beforehand the cases of disease in which it must certainly be of use; and yet this is indispensably necessary in the treatment of diseases of mankind which are of such serious importance. Hence, a recommendation of this sort (*ab usu in morbus*) is of but a general, undefined, and dubious character, especially since this plant was so seldom given simply and singly by physicians, but almost always in combination with heterogeneous, powerful substances (dandelion, fumitory, watercresses), and along with the simultaneous employment of the so-called bitters, which vary so much in their effects.

The importance of human health does not admit of any such uncertain directions for the employment of medicines. It would be criminal frivolity to rest contented with such guesswork at the bedside of the sick. Only that which the drugs themselves unequivocally reveal of their peculiar powers in their effects on the healthy human body—that is to say, only their pure symptoms—can teach us loudly and clearly when they can be advantageously used with

certainty; and this is when they are administered in morbid states very similar to those they are able to produce on the healthy body.

From the following symptoms of Celandine, which it is to be hoped will be completed by other upright, accurate observers, a much more extensive prospect of the real creative powers of this plant is opened up than has hitherto been dreamt of. It is, however, only the physician who is conversant with the homœopathic doctrine who will be able to make this advantageous employment of it. The routine practitioner may content himself with the uncertain indications for the employment of Celandine to be found in his benighted *materia medica*.

CINCHONA.

Excepting Opium, I know no medicine that has been more and oftener misused in diseases and employed to the injury of mankind, than Cinchona bark. It was regarded not only as perfectly innocuous, but as a wholesome and universally beneficial medicine in almost all morbid states, particularly where debility was observed, and was often prescribed in large doses several times a day for many weeks, and even months, together.

In so acting the ordinary physicians were guided by an utterly false principle, and they confirmed the reproach I have already frequently made against them to the more sensible portion of the public, that they have hitherto sought in traditional opinions, in guesses prompted by false lights, in theoretical maxims and chance ideas what they could and should find only by impartial observation, clear experience, and pure experiment, in a pure science of experience such as medicine from its very nature must only be.

Setting aside all guesswork and all traditional unproved opinions, I adopted the latter method, and I found, as with the other medicines, so especially with Cinchona bark, by testing its dynamical powers on the healthy human being,

that as certainly as it is extremely curative in some cases of disease, so surely can it also develop the most morbid symptoms of a special kind in the healthy human body; symptoms often of great intensity and long duration, as shown by the following true observations and experiments.

Thereby, first of all, the prevailing delusion as to the harmlessness, the childlike mildness and the all-wholesome character of Cinchona bark is refuted.*

But equally evident is it, from the symptoms of disease produced by Cinchona bark in healthy observers recorded below, that the numerous unhappy results of the treatment by this bark occurring in the practice of ordinary physicians, and the frequently incurable aggravations of disease developed where bark in long continued and large doses was the main remedy in their prescriptions were owing solely to the noxious character of this drug when employed in *unsuitable cases*, and in too frequent and too large doses. This noxious character is demonstrated by the medicinal symptoms recorded below, which physicians till now were not aware of, and which they made no effort to ascertain. On the contrary, they innocently ascribed these aggravations to the natural course of the disease itself.

* As long ago as the year 1790 (see W. Cullen's *Materia Medica*, Leipzig; bei Schwickert, ii, p. 109, note) I made the first pure trial with Cinchona bark upon myself, in reference to its power of exciting intermittent fever. With this first trial broke upon me the dawn that has since brightened into the most brilliant day of the medical art; that it is only in virtue of their power to make the healthy human being ill that medicines can cure morbid states, and, indeed, only such morbid states as are composed of symptoms which the drug to be selected for them can itself produce in similarity on the healthy. This is a truth so incontrovertible, so absolutely without exception, that all the venom poured out on it by the members of the medical guild, blinded by their thousand years old prejudices, is powerless to extinguish it; as powerless as were the vituperations launched against Harvey's immortal discovery of the greater circulation in the human body by Riolan and his crew to destroy the truth revealed by Harvey. These opponents of an inextinguishable truth fought with the same despicable weapons as do to-day the adversaries of the homœopathic medical doctrine. *Like their modern congeners they also refrained from repeating his experiments in a true, careful manner* (for fear lest

But I refrain from blaming these physicians, whose judgment is biassed by the prejudices of their schools, on this account, (their conscience will doubtless reproach them for it) I will content myself with expressing my own convictions in a few remarks.

1. Cinchona bark is one of the most powerful vegetable medicines. When it is accurately indicated as a remedy, and when the patient is seriously and intensely affected by a disease that Cinchona is capable of removing, I find that a drop of a diluted tincture of Cinchona bark, which contains a quadrillionth of a grain of Cinchona power, is a strong (often a too strong) dose,* which can accomplish and cure all alone all that Cinchona is capable of doing in the case before us; generally without it being necessary to repeat this dose in order to effect a cure; a second dose being rarely, very rarely, required. In the case neither of this nor of any other medicine did a preconceived opinion or an eccentric fancy lead me to this minuteness of dose. No, multiplied experience and faithful observation led me to reduce the dose to such an extent. Led by experience and observations I clearly saw that larger doses, even where they did good, acted much more powerfully than was needed for the cure. Hence the smaller doses; and, as I repeatedly

they might be confuted by facts), and confined themselves to abuse, appealing to the great antiquity of their error (for Galen's predecessors and Galen himself had arbitrarily decided that the arteries contained only spiritual air, *πνεῦμα*, and that the source of the blood was not in the heart but in the liver), and they cried out: *Malo cum Galeno errare, quam cum Harveyo esse circulator!* This blindness, this obstinate appeal to the extreme antiquity of their delusions (it was only after thirty years and more that Harvey had the satisfaction of seeing his true doctrine universally adopted), was in those days not more stupid than the blindness of to-day, and the present aimless rancour against Homœopathy which exposes the pernicious rubbish talked about ancient and modern arbitrary maxims and unjustifiable practices, and teaches that it is only by the responses given by nature when questioned that we can with sure prescience change diseases into health rapidly, gently, and permanently.

* Compare this with the large doses of this drug given in ordinary practice !

observed from these the same effects, though in a less degree, I gave still smaller, and the very smallest doses. These proved sufficient to effect a complete cure, and they did not display the violence of larger doses, which tends to delay the cure.

2. A very small dose of Cinchona acts for but a short time, hardly a couple of days, but a large dose, such as is employed in the practice of every day, often acts for several weeks if it be not got rid of by vomiting or diarrhoea, and thus ejected from the organism. From this we may judge how excellent the ordinary practice is of giving every day several and moreover large doses of bark!

3. If the homœopathic law be right—as it incontestably is right without any exception, and is derived from a pure observation of nature—that medicines can easily, rapidly, and permanently cure cases of disease only when the latter are made up of symptoms similar to the medicinal symptoms observed from the administration of the former to healthy persons; then we find, on a consideration of the symptoms of Cinchona, that this medicine is adapted for but *few* diseases, but that where it is accurately indicated, owing to the immense power of its action, one single very small dose will often effect a marvellous cure.

I say *cure*, and by this I mean a “recovery undisturbed by after sufferings.” Or have practitioners of the ordinary stamp another, to me unknown, idea of what constitutes a *cure*? Will they, for instance, call cures the suppression by this drug of agues for which bark is unsuited? I know full well that almost all periodic diseases, and almost all agues, even such as are not suited for Cinchona, must be suppressed and lose their periodic character by this powerful drug, administered as it usually is in enormous and oft-repeated doses; but are the poor sufferers thereby really cured? Has not their previous disease only undergone a transformation into another and worse disease, though it may no longer manifest itself in intermittent attacks recurring periodically; but has become a continued and, we may say, a more insidious disease by this very powerful and, in this case, unsuitable medicine? True, they can no longer

complain that the paroxysm of their original disease reappears on certain days and at certain hours; but note the earthy complexion of their puffy faces, the dulness of their eyes! See how oppressed is their breathing, how hard and distended is their epigastrium, how tensely swollen their loins, how miserable their appetite, how perverted their taste, how oppressed and painful their stomachs by all food, how undigested and abnormal their faecal evacuations, how anxious, dreamful, and unrefreshing their sleep? Look how weary, how joyless, how dejected, how irritably sensitive or stupid they are as they drag themselves about, tormented by a much greater number of ailments than afflicted them in their ague! And how long does not such a Cinchona cachexy often last, in comparison with which death itself were often preferable!

Is this health? It is not ague, that I readily admit; but confess—and no one can deny it—it is certainly not health. It is rather another, but a worse, disease than ague. It is the Cinchona disease, which must be more severe than the ague otherwise it could not overcome and suppress (suspend) the latter.

Should the organism, as it sometimes will, recover from this Cinchona disease after many weeks, then the ague, which has till now remained suspended by the superior force of the dissimilar Cinchona disease, returns in an aggravated form, because the organism has been so much deteriorated by the improper treatment.

If the attack be now renewed in a still more energetic manner with Cinchona bark, and continued for a longer time in order, as it is said, to ward off the fits, there then occurs a chronic Cinchona cachexy, a faint picture of which will be found in the symptoms recorded below.

Such are most of the bark treatments of our physicians, because they know not what are the cases for which bark is suited. They are suppressions of the original affection by the production of a stronger Cinchona disease, which is mistaken for a manifestation of the obstinacy of the original disease, the development of new symptoms being attributed to its peculiar malignity; because it is not

known that these ailments are due to Cinchona, because it is not recognized what they are, namely, artificially induced Cinchona disease.

The following symptoms caused solely by bark acting on the healthy body, will open the eyes of physicians on this subject, those of them at least who have not yet acquired the faculty of silencing their consciences, and in whose bosoms a warm heart for the welfare of their fellow creatures still beats.

Most intolerable and unjustifiable, however, is the monstrous abuse made by the dominant school of medicine, which plumes itself on being the only rational school, of this powerful drug in all kinds of *debility*.

There is no disease which is attended by weakness (as almost every one is naturally), or which physicians by their unsuitable allopathic medicinal mixtures have reduced to exhaustion of the vital powers—where they did not consider it necessary to give this bark in large doses in order to *strengthen* as they call it; no patient prostrated, ruined and enfeebled by improper drugs to a condition of complicated cachexy whom they have not endeavored to set up and restore to a healthy condition by tonic potions of infusion, decoction, extract, electuary of Cinchona, or by the same drug in powder. He is stuffed and tortured with it for weeks and months under the pretence that it will do him good. Of the consequence of such treatment I would prefer to say nothing. If the death rolls could speak, they would most eloquently speak the praises of this abuse of bark; and so also would the crowds of the living victims of asthmatic, dropsical, and icteric diseases, and those other unfortunates who remain affected with neuralgic or spasmodic maladies, or with malignant growths, abdominal sufferings or lingering fever, if they but knew what mischief had been done to them.

I would appeal to the common sense of these practitioners and ask them how, without being guilty of the most unpardonable slipshod practice, they can venture to administer bark in all those infinitely various diseases, which of themselves, as also especially in consequence of the tra-

ditional medical treatment, must necessarily be attended by weakness? How can they ever imagine that they can strengthen a sick person whilst he is still suffering from his disease, the source of his weakness? Have they ever seen a patient rapidly cured of his disease by *appropriate* remedies who failed to recover his strength in the very process of the removal of his disease? If, however, as is natural, it is only by the cure of the disease that the weakness of the patient can cease and give place to strength and activity, and if, on the other hand, there can be no question of a removal of the weakness as long as its source is not dried up, that is to say, as long as the disease on which it depends is not cured, what a perverse treatment must not that be, which seeks to make strong and active by the administration of Cinchona (and wine) a patient at whose vitals the disease is still gnawing! These practitioners cannot *cure* diseases, but they attempt to *strengthen* these uncured patients with Cinchona bark. How can such a stupid idea ever enter their heads? If bark is to make all sick persons strong, active and cheerful, it must needs be the universal panacea which shall at once deliver all patients from all their maladies, from all morbid sensations and abnormal functions, that is to say, make them in all their ailments in every respect well and free from disease! For so long as the plague of disease deranges the whole man, consumes his forces and robs him of every feeling of well being, it is a childish, foolish, self contradictory undertaking to attempt to give such an uncured person strength and activity.

That Cinchona bark is no panacea for all diseases, we are taught by the sad experience of the ordinary practice; but its symptoms show that it can be an appropriate, real remedy for only a few cases of disease.

It is no doubt true that *by the first doses* of bark the strength of the patient, be he ever so ill, is increased for a few hours; he is able to raise himself up in bed all alone, as if by a miracle; he wants to get out of bed and put on his clothes; all at once he speaks in a stronger more resolute manner, venturing to walk alone, and grows animated,

eagerly desires to eat this or that; but a careful accurate-observer easily sees that this excitation is only an unnatural tension (see below the note to § 895). A few hours pass and the patient sinks back, sinks deeper down into his disease, and the fatal result is often accelerated.

Do not these gentlemen perceive that no one can become well (truly strong and active) as long as his disease lasts?

No! the always suspicious semblance of strength communicated to the patient for a few hours by bark is invariably attended by the saddest results, and this will ever be so, except in those *rare* cases where Cinchona bark is at the same time the right remedy for the disease on which the weakness depends. In such cases the patient's weakness ceases immediately with the disease. But, as I have said, such cases are rare, for Cinchona bark is the *true remedy* (which relieves rapidly, permanently, and *without after ailments*) for but *few* diseases. In all the many other cases bark, as a medicine and so-called tonic, must do harm, and the more so the stronger its medicinal power (injuring when given improperly) is. For all medicines, *without exception*, can do no good when unsuitable for the case of disease, and must inflict so much the more injury the greater their medicinal strength (and the larger the doses in which they are given).

Hence, physicians should first learn the peculiar power of action of Cinchona bark, and exactly what particular alterations in the health of human beings it is capable of causing, before they presume to undertake the cure of diseases, and consequently the morbid weakness, with this powerful medicinal agent. They should first know the symptoms of Cinchona before attempting to determine for what collection of morbid symptoms, that is, for what case of disease it may be curative; it can be curative for none but those whose symptoms are to be found in similarity among the symptoms of Cinchona. He who fails to do this will always commit mistakes, and do infinitely more harm than good to his patient.

When Cinchona has been selected according to conscientious homœopathic conviction (but not as hitherto, accord-

ing to theoretical views, deceptive names of diseases, or the misleading authority of equally blind predecessors), and is consequently the truly appropriate remedy of the case of disease to be treated, in such a case, and for that very reason, it is also the true strengthening remedy. It strengthens inasmuch as it removes the disease, for *it is only the organism free from disease that restores the defective strength*; strength cannot be materially poured into it by a decoction of Cinchona (or by wine).

There are no doubt cases where the disease itself consists of weakness, and in such cases bark is at once the most appropriate curative and strengthening remedy. Such a case is that where the sufferings of the patient are solely or chiefly owing to *weakness from loss of humors*, from great loss of blood (also from repeated venesections), great loss of milk in nursing women, loss of saliva, frequent seminal losses, profuse suppurations, profuse sweats, and weakening by frequent purgatives, where almost all the other ailments of the patient are wont to correspond in similarity with the Cinchona symptoms (see notes to 837 and 860). If, then, there is here no other disease in the background to produce dynamically or to keep up the loss of humors, then for the cure of this peculiar weakness (from loss of humors), which has here become the disease, one or two doses as small as those above mentioned,* together

* Here as elsewhere I insist on the sufficiency and efficacy of such small doses. And yet the vulgar herd can never understand me, for they know nothing of the pure treatment with one single simple medicinal substance to the exclusion of all other sorts of medicinal irritants, and their thoughts are enchain'd in the mazes of their old routine. Even when the ordinary physicians now and then constrain themselves to give in some (acute) disease one single medicine, they never have the heart to refrain from using at the same time several other things possessing medicinal power, which, however, they regard as of no consequence, and to which they apply the trivial name of *domestic remedies*. * * * In such an onslaught with heterogeneous drugs, which, although ignorance looks upon them as innocuous domestic remedies, are to all intents and purposes medicines, and some of them very powerful medicines; in this accessory quackery, I say, even a large dose of medicine of another kind can, of a truth, never display its peculiar

with appropriate treatment in other respects, by nourishing diet, open air, cheerful surroundings, etc., are as efficacious to effect recovery as larger and repeated doses are to cause secondary and injurious effects, as is the case with every nimium, every excess even of the best thing in the world.

This suitableness of Cinchona bark in diseases of debility from loss of humors led physicians of the ordinary sort, as it were instinctively, to a mode of treatment of many diseases which has been, and still continues to be, the most prevalent of all modes of treatment—*the weakening treatment by means of squandering the humors* (under pretense of loosening the morbid matter and expelling it from the body) by means of frequently repeated so-called solvents (that is, drugs of various kinds that purge the bowels), by

action, and such an uncommonly small dose as Homœopathy requires is completely powerless; it will be instantaneously overpowered and annihilated. *No! in the language of rational men that alone can be called giving a single medicine in a disease, when, excepting this one, all other medicinal influences are excluded from the patient and carefully kept away from him.* But he who will do this must know what things brought in contact with the human body act medicinally on it. So long as he does not know this it must be ascribed to his ignorance that he considers as nothing, as not at all medicinal, such things as herb teas and clysters, poultices and baths of herbs and salts, and the other things just mentioned, and continues to use them thoughtlessly under the name of domestic remedies during the employment of medicine internally. Still more heedlessly in this respect is the treatment of chronic maladies conducted; for, in addition to what the patient takes from medicine chests and bottles, and the external applications and so-called domestic remedies that are usually administered to the patient, lots of superfluous hurtful things are allowed, and even prescribed, which are also regarded as indifferent matters in spite of the disturbing effects they may exercise on the patient's health, and of the confusion they may cause in the treatment. * * * But is such a medley of medicinal luxury necessary and useful for the life and well being or compatible with the recovery of the patient? It is injurious, yes, extremely injurious; and yet, perhaps, it has been invented by physicians themselves for the upper classes in order to please, to stimulate and to keep them ill. But even though physicians may not directly recommend it, it is sufficiently sad that they do not know the med-

means of exciting an increased flow of urine and copious perspirations (by many tepid and warm drinks and quantities of tepid and warm baths), by means of blood letting by venesection and leeches, by means of salivation, by means of drawing off imaginary impure humors by open blisters, issues, setons, etc. If such a treatment, especially that by mild purgatives the use of which is so general, be long enough continued, then, by means of irritation of the intestinal canal, not only is the greater disease of the abdomen that keeps in suspense the acute disease, so long kept up until the natural termination of the acute disease is reached, but also a disease of debility from loss of humors is induced, for which, then, after months of treatment, when the strength and humors are much exhausted, Cinchona bark will assuredly restore the health in the only remaining malady (the artificially produced disease of debility from loss of humors). But none perceived by what a circuitous roundabout way such a cure was effected.

icinal noxiousness of all this luxury, and that they do not prohibit it to their chronic patients. This hotchpotch of noxious influences, due partly to the luxurious habits of the patient himself, partly to the simultaneous use of domestic remedies ordered or permitted by the doctor, is so much the rule, so universally prevalent, that the ordinary practitioner cannot think of treatment without such a simultaneous medical confusion, and hence, under these circumstances, he is unable to promise any decided effect from the internal administration of a single medicinal substance in a disease, even when it is given in a large dose, far less from a very small dose of medicine homeopathically employed! Conradi was acquainted with no other treatment than such as is constructed amid such a confused medley of medicinal influences, as is evident when he says that the action ascribed by me to such small doses is beyond all belief. Here, not to dwell upon the trifling circumstance that the determination of the action of medicinal doses is hardly a *matter of belief*, but rather of *experience*, he seems no more than other ordinary practitioners to have either the slightest conception or the slightest experience of the action of a small dose of appropriate medicine *in a patient completely excluded from the simultaneous irritation of all other kinds of medicinal substances*, otherwise he would have spoken in a different manner. A pure treatment with a single homeopathic medicine, all counteracting medicinal contaminations being removed (for it is only of such I speak.

Thus, *inter alia*, the spring tertian fevers, and most other diseases of an acute character, having of themselves a duration of only a few weeks, are spun out into (rational?) treatments of many months' duration; and the ignorant patient is happy in having escaped with his life, whereas a real cure of the original disease ought only to have occupied a few days.

Hence the everlastingly repeated warnings in so-called practical works, not to administer Cinchona bark in agues, until all the (imaginary) impurities and morbid matters have been energetically and repeatedly evacuated upwards and downwards, or, according to the euphemistic expressions of the moderns (though the same thing is meant), until the solvent treatment (*i. e.*, laxatives and purgatives to produce many liquid stools) has been employed to a sufficient extent and long enough; in reality, until the artificially produced abdominal disease has lasted longer than the normal duration of the ague, and so the disease of debility from loss of humors which alone remains can be

and only such I teach), never is seen or dreamt of in routine practice. But the difference is enormous and incredible.

So the glutton just risen from his luxurious meal of highly spiced food is incapable of perceiving the taste of a grain of sugar placed upon his over stimulated tongue; whereas a person contented with simple fare will, when fasting in the morning, experience an intense sweet taste from a much smaller quantity of the same sugar. Similarly amid the multifarious noises in the most crowded part of a large town we can often not comprehend the loudly spoken words of a friend at the distance of five or six paces, whereas in the dead of night, when all the sounds of day are hushed and perfect stillness prevails, the undisturbed ear distinctly perceives the softest tone of a distant flute, because this gentle sound is now the only one present, and therefore it exercises its full action on the undisturbed organ of hearing.

So certain is it, that when all accessory medicinal influences are withheld from the patient (as should be done in all *rational* treatment), even the very minute doses of a simple medicinal substance especially of one chosen according to similarity of symptoms, can and must exercise its adequate and complete action, as a thousand fold experience will teach any one whom prejudice does not deter from repeating the experiment accurately.

Quite small doses of medicine are all the less likely to fail to ex-

transformed into health by Cinchona bark, as of course it will be.

This is what was and is still called methodical and rational treatment, in many, many cases of disease.

With equal justice might we rob widows and orphans in order to establish an asylum for the poor.

* * *

As Cinchona bark in its primary action is a powerful laxative (see the symptoms, 497 *et seq.*) it will be found to be very efficacious as a remedy in some cases of diarrhoea when the other symptoms of Cinchona are not inappropriate to the rest of the morbid symptoms.

So also in those cases where we have to do with so-called moist gangrene in the external parts, we shall generally notice in the remainder of the patient's ailments, morbid symptoms similar to the symptoms peculiar to Cinchona bark; hence it is so useful in such cases.

The too easy and too frequent morbid excitation to seminal discharges of the genitals, caused sometimes by slight irritation in the hypogastrium, is very permanently removed by the smallest dose of bark (in conformity with its peculiar symptoms of this character).

The attacks of pain which can be excited by merely touching (or slightly moving) the part and which then gradually increase to the most frightful degree are, to judge by the patient's expressions, very similar to those caused by Cinchona. I have sometimes permanently removed them by a single small dose of the diluted tincture, even when the attacks had been frequently repeated. The malady was homœopathically (see note to 685), as it were, charmed

excise their peculiar action, inasmuch as their very smallness cannot excite the organism to revolutionary evacuations (what is morbid in the organism is altered by the small dose), whereas a large dose, by the antagonism it excites in the system, will often be rapidly expelled and bodily ejected and washed away by vomiting, purging, diuresis, perspiration, etc.

Will the ordinary physicians at last understand that the small and smallest doses of homœopathically selected medicines can only effect great results in a *pure* genuiné treatment, but are quite unsuitable in routine treatment?

away, and health substituted for it. No other known remedy in the world could have done this, as none other is capable of causing a similar symptom in its primary action.

Bark will hardly ever be found curative when there are not present disturbances of the night's rest similar to those the medicine causes in the healthy (which will be found recorded below).

There are some, though but few, suppurations of the lungs (especially accompanied by stitches in the chest, almost always only aggravated or excited by external pressure), that may be cured by bark. But in these cases the other symptoms and ailments of the patient must be found in similarity among the symptoms of Cinchona. In such cases only a few, sometimes but a couple of doses of the above minuteness, at long intervals, suffice for the cure.

So also there are a few icteric diseases, of such a character that they resemble the symptoms of Cinchona; when this is the case the disease is removed as if by magic by one, or at most two, small doses, and perfect health takes its place.

An intermittent fever must be very similar to that which Cinchona can cause in the healthy, if that medicine is to be the suitable, true *remedy* for it, and then a single dose of the above indicated minuteness relieves—but this it does best when given immediately after the termination of the paroxysms, before the operations of nature are accumulated in the body for the next fit. The usual method of suppressing an ague not curable by Cinchona bark, by means of large doses of this powerful substance, is to give it shortly before the paroxysm; it is then most certain to produce this act of violence, but its consequences are very injurious.

Cinchona bark can only permanently cure a patient affected with intermittent fever in marshy districts of his disease resembling the symptoms of Cinchona, when the patient is able to be removed from the atmosphere that causes the fever during his treatment, and until his forces are completely restored. For if he remain in such an atmosphere he is constantly liable to the reproduction of his

disease from the same source; and the remedy, even though frequently repeated, is unable to do any further good; just as the morbid state induced by over indulgence in coffee is rapidly relieved by its appropriate remedy, but while the hurtful beverage is continued to be taken, it will recur from time to time.

* * *

But how could physicians act so stupidly as to think of substituting other things for Cinchona bark, which in its dynamic action on the human health, and in its power to derange that health in a peculiar manner, differs so immensely from every other medicinal substance in the world? How could they dream of finding a *surrogate* for Cinchona, that is to say, a medicinal substance of identical and precisely the same medicinal power among other extremely different substances? Is not every kind of animal, every species of plant, and every mineral something peculiar, an entity never to be confounded, not even in external appearance, with any other? Could any one be so short sighted as from their external appearance to mistake a Cinchona tree for a willow tree, an ash or a horse-chestnut? And if we find these plants differ so much in their external characters, though nature cannot offer so much difference to a single sense—that of vision—as she can, and actually does, to all the senses of the practiced observer in the dynamic action of these various plants on the health of the living healthy human organism, shall no attention be paid to these latter, the multiform peculiar symptoms which each single one of these plants elicits in a manner so different from those of the second and third, and whereon alone depends the specific medicinal power of each medicinal plant with which only we are concerned in curing disease? Shall we fail to perceive their high significance, shall we fail to recognize them as the highest criterion of the differences of drugs among one another? Or shall we consider all things that have a bitter and astringent taste as identical in medicinal effects, as a kind of Cinchona bark, and thus constitute the coarse sense of taste in man (which can scarcely judge of similarity of

taste, but never of identity of medicinal power) the supreme and sole judge for determining the medicinal significance of the various plants? I should think it were impossible to act in a more short sighted and foolish manner in matters of such extreme importance for the welfare of humanity!

I grant that all the medicinal substances that have been proposed as substitutes for Cinchona bark, from the lofty ash down to Camomile and the lichen on the wall, as also from Arsenic down to James's powder and Sal ammoniac, I grant, I say, that every one of those medicinal substances I have named, and others I have not named, has of itself cured particular cases of ague (their reputation proves they have done this now and then). But from the very circumstance that observers state of one or other that it was efficacious even *when Cinchona bark did no good or was hurtful*, they prove clearly that the ague which the one medicine cured was of a different kind from that the other cured! For had it been an ague suited for Cinchona, this medicine must have removed it, and none other could have been of use. Or else there must be foolishly attributed to the Cinchona in this case a peculiar malignity and spitefulness, making it refuse to be helpful, or to the other vaunted medicine, which was efficacious, a peculiar amiability and obligingness, causing it to do as the doctor wished! It would almost appear as if some such foolish notion was entertained!

No! the truth of the matter, which has not been perceived, is as follows: It is not in the bitterness, the astringent taste, and the so-called aroma of the Cinchona bark, but in its whole intimate nature, that resides the invisible dynamical working spirit, that can never be exhibited in a material separated condition (just as little as can that of other medicinal substances), whereby it differentiates itself from all other medicines in the derangements of the human health it causes. See the observations recorded below.

Every one of the medicinal substances recommended in agues has its own peculiar action on the human health,

differing from the medicinal power of every other drug, in conformity with eternal immutable laws of nature. Every particular medicinal substance, by the will of the Creator, differs from every other one in its externals (appearance, taste, and smell), and even much more so in its internal dynamic properties, in order that we may be enabled by means of these differences to fulfil all possible curative intentions in the innumerable and various cases of disease. Is it to be supposed that the all-good and omnipotent Creator of the infinite varieties of nature could, would, or should have done less?

Now, if every one of the vaunted ague remedies, whilst leaving other agues uncured, has really cured some cases—which I will not deny as far as regards those cases where the observers have given the remedy *by itself*—and if every single one of these remedies has effected its cure, not as a matter of especial favor towards the doctor who prescribed it, but, as it is more rational to suppose, owing to a peculiar power bestowed on it in conformity with eternal laws of nature, then it must necessarily be that the case in which this remedy, and not another, did good, was a peculiar form of ague, adapted for this medicine only, and different from that other ague which could only be cured by some other remedy. And so all agues, each of which requires a different medicine for its cure, must be agues absolutely dissimilar to one another.

Again, when two agues betray their difference, not only by symptoms palpably different from one another, but also, as I have said, by this, that the one can only be cured by one remedy and the other by another remedy, it plainly follows from this, that these two remedies must differ from one another in their nature and action,* and cannot be identical, consequently cannot be considered as the same thing, and therefore cannot reasonably be substituted for one another; in other words, the one ought not to be represented as a surrogate for the other.

* Otherwise the one medicine must have been able to cure just as well that ague which yielded to the other medicine, if the action of both was the same.

Or have these gentlemen, who do not see this, some mode of thinking peculiar to themselves and unknown to me, some logic of their own that stands in direct contradiction to that of the rest of mankind?

Infinite nature is much more multiform in her dynamic endowment of medicinal substances than the compilers, of medicinal virtues, called teachers of *Materia Medica*, have any idea of, and immeasurably more multiform in the production of innumerable deviations in human health (diseases) than the bungling pathologist enamored of his natty classification is aware of, who, by his couple of dozen, not even correctly * designated, forms of disease, seems only to give expression to the wish that dear nature might be so good as to limit the host of diseases to a small number, so that his brother therapist and practitioner—his head stuffed full of traditional prescriptions—may the more easily deal with the little collection.

* * *

That the ordinary physicians, by mingling iron in the same prescription with bark, often dish up for the patient a repulsive looking and unsavory ink, may be overlooked, but they must be told that a compound results from this mixture that possess neither the virtues of Cinchona bark nor those of iron.

The truth of this assertion is manifest from the fact that when Cinchona bark has done harm iron is often its antidote and the remedy for its injurious action, as Cinchona bark is for that of iron, when indicated by the symptoms caused by the unsuitable medicine.

Still iron can only remove some of the untoward symptoms, those, namely, which it can produce in similarity in healthy persons.

After long continued treatments with large doses of Cin-

* What physician, except Hippocrates, has ever described the pure course of any disease where no medicine has been given from the beginning to the end? Consequently, do not the recorded histories of diseases contain the symptoms of the diseases mixed up with those of the domestic remedies and drugs given during their course?

chona many symptoms often remain for which other medicines are required; for we frequently meet with Cinchona cachexias of such a severe character that it is only with great difficulty that the patient can be freed from them and rescued from death. In these cases, Ipecacuanha in small doses, more frequently Arnica, and in some few Belladonna, is of use, the indication for the antidote being determined by the symptoms of the Cinchona disease. Veratrum is useful when coldness of the body and cold sweats have been caused by bark, if the other symptoms of this drug correspond homœopathically.

CINA.

For centuries no other use has been made of this very important vegetable substance, except for the expulsion of lumbrici in children, in doses of 10, 20, 30, 60, and more grains. I pass over the not unfrequently dangerous, or even fatal, effects of such doses, nor will I dwell on the fact that a few lumbrici are not to be considered as an important disease in otherwise healthy children, and are common in childhood (where psora is still latent), and generally unattended by morbid symptoms. On the other hand, this much is true, that when they are present in large numbers, the cause of this is always some morbid condition of the body, namely, the evolution of psora, and unless this be cured, though large numbers of the lumbrici may be expelled by Cina, they are soon reproduced. Hence, by such forcible expulsion of the worms not only is nothing gained, but such improper treatment, if persisted in, often ends in the death of the tortured children.

This vegetable substance has much more valuable curative properties, which may be easily inferred from the subjoined characteristic morbid symptoms produced by it in the healthy.

Experience of what it can do, for instance, in whooping cough, and in certain intermittent fevers accompanied by vomiting and ravenous hunger will excite astonishment. I

will not dwell on the other morbid states for which it is adapted, as the initiated homœopathic physician will be able to discover these by himself.

Formerly I used to employ the tincture potentized to the trillion-fold dilution, but I have found that when raised to the decillion-fold development of potency, it displays its medicinal powers still more perfectly. One, two, or three smallest globules moistened with this serve for a dose.

COLOCYNTHIS.

The older physicians brought Colocynth into disrepute by giving it in large dangerous doses as a purgative. Their successors, terrified by this dreadful example, either rejected it entirely, whereby the curative power it possessed was lost to mankind, or they only ventured to employ it on rare occasions, and then never without previous alteration and weakening of its properties by silly procedures, which they called *correction*, whereby its pretended poisonous character was said to be tamed and restrained. With the aid of mucilage they mixed up with it other purgative drugs, or they partially destroyed its power by fermentation or by prolonged boiling with water, wine, or even urine, as had already been stupidly done by the ancients. But even after all this mutilation (their so-called *correction*) Colocynth always continued to be a dangerous remedy in the large doses in which physicians prescribed it.

It is really wonderful that in the medical school there has always been such an absence of reflection, and that in regard to matters like this the obvious simple thought never occurred to any one that, if the heroic medicines acted too violently in a certain dose, this was owing less to the drug itself than to the excessive magnitude of the dose, which yet may be diminished to any extent required; and that such a diminution of the dose, whilst leaving the drug unaltered in its properties, only reduces its strength so as to make it innocuous and capable of being employed with advantage, and hence must be the most natural and appro-

priate *corrigen*s of all heroic medicines. It is obvious that if a pint of alcohol drunk all at once can kill a man, this is owing not to the absolute poisonousness of the alcohol but to the excessive quantity, and that a couple of drops of alcohol would have been harmless to him. It is obvious that whilst a drop of strong Sulphuric acid immediately produces a blister and erosion on the part of the tongue to which it is applied, on the other hand, when diluted with 20 or 100,000 drops of water it becomes a mild, merely sourish fluid, and that hence the most natural, the simplest, *corrigen*s of all heroic substances is to be found only in the dilution and the diminution of the dose until it becomes only useful and quite innocuous.

In this way, and in this way only, can the inestimable curative powers for the most incurable diseases that have hitherto lain concealed in the heroic—much less in the weaker—medicines (called *poisons* by those afflicted with intellectual poverty) be elicited in a perfectly sure and mild manner to the advantage of suffering humanity. By means of the knowledge so obtained we may effect results in the treatment of acute and chronic diseases such as the whole medical school has hitherto failed to effect. This method, so childishly simple, of rendering the strongest medicinal substances mild and useful never occurred to the minds of physicians, and they were consequently forced to dispense with the aid of the grandest and most useful remedies.

Guided by the following peculiar pathogenetic effects produced in the healthy by Colocynth, I have been enabled by means of it to perform extraordinary cures on the homeopathic principle by the administration of a small portion of a drop of the octillion or decillion-fold dilution of the above tincture as a dose.

Thus, to mention only a single example, many of the most violent colics may, under the guidance of symptoms 69 to 109, be often very rapidly cured, when at the same time the other characteristic symptoms of the disease, or a portion of them, are to be found in similarity among the symptoms of Colocynth.

The action of Colocynth is of long duration.

CONIUM.

Hemlock is one of those medicines whose primary and secondary actions are most difficult to be ascertained, and respecting which it is most difficult to form a judgment. Among its symptoms we find several of a somewhat opposite character which should only be regarded as alternating actions (perhaps as a transient secondary action suppressed for some time by the repeated attack of the medicine). On the other hand the sad effects resulting from the long continued employment of Hemlock in increasing doses, as we observe in the results of Stoerck's, Lange's, Ehrhardt's, Greding's, Baylies', Reismann's, Collin's, and Tartreux's disastrous treatments, are true secondary actions of the depressed vitality overpowered by the repeated attacks of such large doses of Hemlock—a dissolution of all the connections of the fibres combined with asthenic inflammation and the most painful sensitiveness—see 264 to 273, 276, 342 to 345, 349, 350, 205, 207, 209. The opposite of this seems to lie in the primary action of Hemlock, which appears to indicate a tension, condensation, contraction of the fibres (and glandular swellings), with suppression of the sensibility—compare 28, 60, 127, 147, 148, 178, 179, 212, 215, 216, 225, 238, 249, 253, 254, 286. There are primary actions which seem to be corroborated by some of my homœopathic cures (glandular indurations on the lip, the breasts, etc., arising *from a bruise*, and two cases of cataract produced *by an external blow*). These recorded primary actions of Hemlock (especially 127, 286), together with the symptoms 10, 11, 115, 117, 293, 333, 359 to 367, point to it as an excellent remedy for that bad kind of hypochondriasis which is sometimes observed in unmarried males who are strictly chaste, where it does not depend on a miasmatic cachexia.

Experience must decide as to the value of Hemlock in the morbid long sightedness (presbyopia) of elderly per-

sons, as indicated in 38, and perhaps it will confirm the curative power here hinted at.

The homœopathic practitioner will know how to make use of the curative indications given in the other symptoms of the primary action of Hemlock.

Coffee has been found to be the antidote of Hemlock.

CYCLAMEM EUROPEUM.

From the earliest times this valuable plant has lain under the unfounded suspicion of acting violently and uncertainly. Even should we grant that Dioscorides really referred to this plant, still all he says about it was only from hearsay. The Arabians employed this root under the name of *Arthanita* as one of the ingredients of a purgative ointment for rubbing in (*unguentum de Arthanita*), which contains a number of the most powerful purgative remedies, and in this dangerous combination they brought it into the unmerited reputation of a drastic purgative medicine, which it is far from being.

Modern physicians know nothing more respecting it, scarcely as much as the ancients romanced about it.

But as our new (homœopathic) medical art takes nothing on the authority of unintelligent tradition, and neither accepts anything because it has been praised, nor rejects it because it has been condemned, without having first subjected it to impartial trial, I undertook the investigation of this much decried root.

Just as the virtue of a man cannot be determined by the deceptive appearance of his outward form, nor by the color of his coat, nor by the shallow gossip of the multitude, but as it assuredly displays itself in no doubtful manner to the honest observer in the goodness of his conduct, so, truly, the real value of a medicine can be determined neither by its outward appearance, nor by any unfounded reputation it may have obtained. It is only by our own careful proving of medicines on healthy persons that we can truly learn what are the peculiar qualities of a medicine, what

changes it can produce in the health, and thence the similar changes in the sick it can cure.

And so from the following few pure symptoms we may learn that Cyclamen is one of the most excellent remedies in the most desperate morbid states.

Hitherto I have given it in a very small portion of a drop of the million-fold dilution of the juice, but even this I have found to be a too strong homœopathic dose for many cases.

DIGITALIS.

From the following symptoms, which are by no means complete as to their number, it is undeniably evident that the morbid conditions of a chronic character, physicians have sometimes hitherto cured with Foxglove, were all, without exception, cured homœopathically, although they were unaware of the fact. But the much more numerous instances of unsuccessful treatment with this extremely powerful plant, belong to those employments of Foxglove which were, as is usually the case, directed against mere pathological names (not the totality of the symptoms), and were effected with a medicine (Foxglove), which was estimated, in hap-hazard fashion, only in accordance with conjectures respecting its general mode of action deduced from hypothesis (not known from its pure effects, *i. e.*, from the morbid states it developed in the healthy body). As long as this theoretical blindness is persisted in, much more harm than good will be done with this great gift of God. The true physician, who selects his remedy homœopathically in accordance with its pure pathogenetic effects for very similar cases of disease, will never give Foxglove except where it can, will, and *must* do good, and will never fail to prescribe it in such suitable cases. Such treatment is immensely superior to the deplorable treatment of the ordinary practitioner. The homœopathic practitioner, besides, will find in the following few symptoms the means of affording homœopathic relief for many more morbid states than have hitherto been cured by it.

A very small portion of a drop of the quintillion-fold or, still better, the decillion-fold dilution of the juice, will often be found to be a too powerful dose for homœopathic treatment.

The action of such a small dose lasts several days, that of an excessively large dose several weeks.

DROSERA ROTUNDIFOLIA.

This plant, one of the most powerful medicinal herbs in our zone, was used by the older physicians mostly as an external remedy—in cutaneous eruptions—but not with the best effects. They also gave it internally, and sometimes, as it would seem, with advantage. The moderns who, guided by tradition, had no knowledge of any other than large doses, knew not how to employ this uncommonly heroic plant without endangering the life of their patients, hence they rejected it altogether.

I first employed it in the trillion-fold dilution of the juice, but latterly in still higher potency, and at last in the 30th (decillion-fold) dilution (each diluting phial getting only two succussions), and of this I gave as a dose only the smallest portion of a drop, to wit, one, or at most two, globules the size of a poppy seed (of which from 200 to 300 can be completely moistened with a drop of the dilution) in morbid conditions similar to the characteristic effects produced by the plant on healthy persons.

Thus, for example, a single such dose is quite sufficient for the homœopathic cure of epidemic whooping cough,* according to the indications given by symptoms 135, 137, 144, 149, but especially 145 and the second part of symptom 143.

Allopathy, as may easily be understood, could hitherto

*The cure takes place with certainty in from seven to nine days, under a non-medicinal diet. Care should be taken not to give a second dose (or any other medicine) immediately after the first dose, for that would inevitably not only prevent the good result, but do serious injury, as I know from experience.

do nothing for this formidable disease, which does not pass off by itself like other acute diseases, without terminating fatally or tormenting its victim for twenty or twenty-two weeks. In consequence it allowed many children to die of the disease where it did not hasten death by large doses of unsuitable drugs.

He who fails to perceive that in this as in other similar cases Homœopathy is the only perfect, true medical art, let him continue blindly to employ unknown drugs to the injury of sick mankind!

Drosera requires further provings of its pure effects on the healthy human subject.

Camphor alleviates and antidotes its effects.

FERRUM.

Although most of the following medicinal symptoms were observed from the employment of a solution of Acetate of iron, it is beyond doubt that they correspond essentially with those of Metallic iron as exactly as do the symptoms obtained from dry Calcareous earth with those of Acetate of lime.

This metal is said by ordinary physicians to be a strengthening medicine *per se*, and not only innocuous, but entirely and absolutely wholesome.

How far from being true is this dictum pronounced without consideration and testing, and handed down by teachers to their principles equally without consideration and testing, we are taught by the reflection that, if iron possess medicinal power it must also for that very reason alter the health of human beings, and make the healthy ill, and the more ill the more powerfully curative it is found to be in disease.

Nil prodest, quod non lædere possit idem.

The actual sanitary condition of persons residing near waters impregnated with iron might have taught them that this metal possesses strong pathogenetic properties. The

inhabitants of chalybeate* watering places, where all the springs and wells in the neighborhood usually contain some of this metal, show marked signs of its morbific influence.

In such localities there are few persons who can resist the noxious influence of the continued use of such waters and remain quite well, each being affected according to his peculiar nature. There we find, more than anywhere else, chronic affections of great gravity and peculiar character, even when the regimen is otherwise faultless. Weakness, almost amounting to paralysis of the whole body and of single parts, some kinds of violent limb pains, abdominal affections of various sorts, vomiting of food by day or by night, phthisical pulmonary ailments, often with blood spitting, deficient vital warmth, suppressions of the menses, miscarriages, impotence in both sexes, sterility, jaundice, and many other rare cachexies are common occurrences.

What becomes of the alleged complete innocuousness, let alone the absolute wholesomeness of this metal? Those who are constantly drinking chalybeate waters, called *health springs*, and the other iron impregnated waters of the neighborhood, are mostly in a sickly state!

What prejudice, what carelessness has hitherto prevented physicians from observing these striking facts, and referring them to their cause, the pathogenetic property of iron?

How can they, ignorant as they are of the action of iron and its salts, determine in what cases chalybeate waters are of use? Which of their patients will they send thither for a course of treatment? Which will they keep away?

* It is mere charlatany to call solutions of iron *steel drops*, and chalybeate mineral waters *steel waters*, *steel baths*. By these expressions it is intended to convey the notion that they indubitably possess an absolute strengthening power in a high degree; for *to steel* is a metaphorical expression for *to strengthen*. But iron only becomes steel when its peculiar elasticity and hardness are developed. In its solution by acids the steel disappears; the solution then only contains a substratum of iron, and the oxide (iron ochre) collected from chalybeate waters, when smelted, produces nothing but ordinary *iron*.

What, in short, seeing that they know nothing accurately concerning the peculiar effects of this metal on the human body, leads them to determine the cases suitable for chalybeate waters? Is it blind fancy? Hap-hazard conjecture and guess work? Fashion? Do not, indeed, many of their patients come back from the chalybeate springs in a more miserable* and diseased condition, showing that iron was an unsuitable remedy for them? God preserve patients from a doctor who does not know, and can give no satisfactory reasons, why he prescribes this or the other drug, who cannot tell *beforehand* what medicine would be beneficial, what injurious to the patient!

Only a thorough knowledge of the characteristic primary effects of medicines, and whether they present a great similarity to the symptoms of the disease to be cured (as Homœopathy teaches), could protect patients from such fatal mistakes.

The following list of morbid symptoms which iron causes is far from being as complete as it might be, and yet it will contribute not a little to prevent such mistakes being made by those who will refrain from prescribing medicines in a hap-hazard manner, and from feeling no scruples of conscience whether they draw death or life for their patients in the lottery.

Large and oft repeated doses of Iron, as also frequent baths in chalybeate waters, have a very long duration of action, extending to months even. Doses of even the thir-

* The attempt of the common run of practitioners to produce a purely *strengthening* effect is a capital mistake. For why is the patient so weak? Obviously because he is ill! Weakness is a mere consequence and a single symptom of his disease. What rational man could think of strengthening his patient without first removing his disease? But if his disease be removed, then he *always*, even during the process of the removal of his disease, regains his strength by the energy of his organism freed from its malady. There is no such thing as a strengthening remedy as long as the disease continues; there can be none such. The homœopathic physician alone knows how to cure, and in the act of being cured the convalescent regains his strength.

tieth potency (X), such as the homœopathic physician now gives in ordinary cases, act for a good many days.

Chronic ailments caused by Iron are mostly ameliorated by (Calcareous) Hepar sulphuris (1-100th or 1-1000th of a grain in one or several doses), and most of the remaining sufferings by Pulsatilla, when the symptoms are not (as sometimes happens) of such a kind and complexity as to require some other medicine according to the rule of similarity of action.

IGNATIA.

The characteristic peculiarities of this very powerful vegetable substance, as far as they are known to me, are pointed out in the foot notes.

On account of the alternating actions, that follow one another very rapidly, which it excites, it is particularly suitable for acute diseases, and for a considerable number of these, as may be seen from the symptoms corresponding in similarity to symptoms of disease frequently met with in daily life. It is therefore very properly regarded as a medicine created for great usefulness (polychrest).

Its action is usually exhausted in a few days; yet there are constitutions and states of the body where it cannot effect any evacuation, and in such cases I have sometimes observed its action to last nine days. It is suitable for but few cases of chronic disease, and then only with the intermediate employment of some other suitable medicine of more persistent action.

In its employment it sometimes happens, which is seldom the case with other medicines, that where the first dose has not done what was intended, because (for some unknown cause) it first acted on the disease with its opposite symptoms and consequently soon caused an aggravation of the disease in its secondary action, like a palliative remedy, then (without any intermediate medicine having been given in alternation) a second dose of the same dilution can be given with the best curative effect, so that the

cure is only obtained by the second dose. This is no doubt owing to the directly opposite symptoms (alternating actions) of this remarkable drug, of which I shall speak further on. But such cases do not often occur, for, as a rule, in an acute disease, the first dose effects all that this medicine can do in a homœopathic way, if it has been accurately selected according to similarity of symptoms.

Where in the case of an over excitable system, perhaps also when given in too large a dose, it produces too great sensitiveness, or an anxious, exalted state of the sensibility, hastiness, etc., coffee is serviceable as a homœopathic antidote. When it has been unsuitably chosen so that its symptoms do not correspond in sufficient similarity to those of the disease, the sufferings it causes may, according to their character, be relieved by the antidotal power of Pulsatilla or Chamomilla, and in rarer cases by Coccus, Arnica, Camphor or Vinegar.

Although its positive effects have a great resemblance to those of Nux vomica (which indeed might be inferred from the botanical relationship of these two plants) yet there is a great difference in their therapeutic employment. The emotional disposition of patients for whom Ignatia is serviceable, differs widely from that of those for whom Nux vomica is of use. Ignatia is not suitable for persons or patients in whom anger, eagerness, or violence is predominant, but for those who are subject to rapid alternations of gaiety and disposition to weep, or in whom we notice the other emotional states indicated at the end of the following list of Ignatia symptoms, provided always that the other corporeal morbid symptoms resemble those that this drug can produce.

Even in a high potency, Ignatia is a main remedy in cases of vexation in subjects who have no tendency to break out violently or to revenge themselves, but who keep their annoyance to themselves; in whom, in a word, the remembrance of the vexatious occurrence is wont to dwell in the mind, and so also especially in morbid states which are produced by occurrences that cause grief. So also attacks of even chronic epilepsy, which only occur after mortifica-

tion or some similar vexation (and not from any other cause), may always be prevented by the timely administration of Ignatia. Epileptic attacks that come on in young persons after some great fright, before they become very numerous, may also be cured by a few doses of Ignatia. But it is very improbable that chronic epileptic fits of other kinds can be cured, or have ever been cured, by this medicine. At all events, the cases recorded in medical writings as having been cured by Ignatia are not to be relied on, for other powerful drugs were almost always administered at the same time or as intermediate remedies, or there is no evidence that the cure was permanent.

When a person has, for the first time in his life, in consequence of some external disturbing circumstance, been seized with epilepsy which assumes a serious character by its duration of rapid recurrence, a single small dose of Ignatia tincture may be relied upon for relief and generally for permanent cure (as I have seen). But it is otherwise with chronic epilepsies. In these cases it cannot be of permanent benefit for the same reason that it is of no use in other chronic diseases. For its peculiar opposite primary actions (alternating actions) follow one another in this opposite way when it is given in diseases, so that, if the first dose has removed the morbid state, a second must not be given soon afterwards, for this would cause a recurrence of the morbid state, because its opposite alternating action comes into play, which produces the injurious effects of the secondary action of a palliative.* Hence it is proved that it is only applicable and curative in sudden attacks and in acute diseases.

It is best to administer the (small) dose *in the morning*, if there is no occasion for hurry. When given shortly be-

*Thus, also, as above stated, a second dose of Ignatia tincture only acts curatively (in opposition) in those cases in which a first dose of the same remedy, though homœopathically selected (for some unknown reason) only acted on the disease with its palliative alternating symptoms, whereby it must have caused an aggravation in the secondary action.

fore bed time it causes too much restlessness at night. For all therapeutic purposes the administration of one small globule moistened by the thirtieth attenuation is sufficient, and still better, the olfaction of a globule the size of a mustard seed imbibed with the same potency, repeated once or twice daily.

IPECACUANHA.

It will be seen from the following symptoms, though they are not complete, that this powerful plant was not created merely for the purpose of causing a forcible evacuation of the stomach by vomiting (which *in most cases* is to be reckoned as one of the useless cruelties of ordinary practice), but that far higher and more important curative objects are attainable by its means. It was originally brought to Europe as a remedy for autumnal dysenteries, and hence it received the name of the dysentery root. One hundred and twenty years have elapsed since it was, on Leibnitz's recommendation, misused for this purpose, on the false indication that because it relieves some kinds of diarrhoea it must therefore cure dysenteries, for these maladies are the exact opposite of diarrhoea, *i. e.* of too frequent loose motions. It is only quite lately that this practice has been abandoned, because an extensive employment of it for many years in dysenteries has shown that it is of no use in these affections. All these unfortunate trials, whereby many lives have been sacrificed, might have been spared if the pure peculiar action of this root had first been ascertained, and it had been learnt what morbid states it was capable of originating in the healthy subject, and consequently what similar states in the naturally sick it could remove and cure. It would have been seen, as is now seen from the following symptoms of Ipecacuanha, that it, by similarity of action, can only diminish the excess of blood in the dysenteric stools and allay some kinds of abdominal pains in dysentery, but that it cannot remove the other far

more important phenomena of this disease, because it cannot produce anything similar.

On the other hand, we may learn from its symptoms that, as it can relieve some cases of tendency to vomit similar to its own, so it must, as experience has shown, exert a specific curative action more particularly in haemorrhages, in paroxysmal, spasmodic dyspnoea and suffocative spasms, and also in some kinds of tetanus (provided that in all these affections the other symptoms of the patient are met with of a similar character among those of Ipecacuanha).

Certain kinds of agues are so constituted that this root is their appropriate remedy, as is to be inferred from its own symptoms, in so far as they present a greater homœopathic similarity to those of the case of ague than do those of other medicines. If the selection has not been quite suitable for this purpose it generally leaves the fever in a state in which Arnica (in other cases Cinchona, Ignatia, or Cocculus) is the remedy.

Some after sufferings from the unsuitable employment of Arsenic and from the long continued abuse of Cinchona bark may be removed by a few doses of Ipecacuanha.

In all these cases of the homœopathic therapeutic employment of this root only very small doses are indicated. Hitherto I have employed the diluted tincture in the dose of a drop containing the millionth part of a grain of Ipecacuanha, but I have seen, from the often unnecessarily strong action of this dose in many cases, that for homœopathic employment the dose should be still further diminished, care being, of course, taken that all other foreign and medicinal influences are avoided.

It is only when we have to treat serious poisoning by a large dose of Opium that we must administer a large dose of Ipecacuanha (30, 40, 60 drops of the strong tincture)—when the circumstances do not rather demand the administration of strong coffee (or Camphor).

Ipecacuanha acts for but a short time; in large doses hardly a couple of days, in quite small doses about a couple of hours.

MENYANTHES TRIFOLIUM.

Ordinary medicine has hitherto known no single true way of investigating the peculiar powers of each individual medicinal substance, in order to discover what each is capable of curing. In her want of resources she knew of nothing to rely upon for this purpose, except external resemblance. She even imagined that the taste would reveal the inner medicinal power.

Accordingly all plants that had a *bitter* taste were considered as *identical in action*, and were mixed together in one mess. They were *all* held to possess one quality in common, which was this *sole one*: *they were mild tonics and strengthened the stomach* (in all the innumerable and heterogeneous morbid states). So for this purpose modern doctors (a more enlightened posterity will scarcely believe it) prescribed right away *extractum amarum*, without indicating any bitter plant in particular of which it should be made, so that it was left to the good will and pleasure of the apothecary to determine what plants (they might differ as much as they pleased in respect to medicinal powers, *provided only they had a bitter taste*) he chose to boil down, in order to make the decoction for such an extract, in order to fulfil the imaginary intention of the doctor to effect God knows what sort of strengthening with these unknown vegetable juices.

More thoughtlessly it would be impossible to act, more contemptuously it would be impossible to treat the noble human life. For as every plant differs so strikingly in its external characters from every other plant, that botanists think they cannot too carefully enumerate their visible differences, so must they differ in their inner nature and consequently in their medicinal properties. Hence it is impossible that such an obscure expression of their internal character as a (bitter) taste can be intended to indicate the remarkable differences of the inner medicinal spirit of each of them. Consequently, we must not from

the mere bitter taste determine anything either in respect to their general or their special medicinal actions, or their identity; nor must we assume the unconditional tonic action of all bitter plants without distinction as their sole medicinal power—not to mention that each of these plants always has its own peculiar bitterness, besides some other collateral taste, which cannot fail to indicate an inner difference of medicinal action, that no human reason can discern from the mere taste.

Such being the case, it follows that it would be absurd and nonsensical if we should be so foolish as to infer a stomach strengthening action from the quality of bitterness. If not, then why should not ear wax, the bile of animals, Squills, Agaric, Staphisagria, Nux vomica, Ignatia, Colocynth, Elaterium, etc., be tonic, stomach strengthening remedies?—they are surely all bitter enough!—and yet several of them in moderate doses are capable of destroying human life.

So utterly has ordinary medicine misunderstood, so completely identical with other bitter plants has she regarded the buckbean, a plant that differs from all other bitter plants in nature, in respect to its singular appearance, its habitat, and its peculiar bitter taste. Hence it is a fact that its true, pure, peculiar medicinal effects and the morbid symptoms it produces in the healthy human body, owing to which it can cure (homœopathically) similar natural morbid states, is so remarkably and so decidedly different from those of every other bitter plant, that it would be absurd to consider this plant as identical with other bitter plants.

Physicians of the ordinary school maunder about the gout curing power of buckbean, just as they have done about that of other bitter plants, without concerning themselves with the injuries and the fatal effects that have ensued from the persistent employment of such unsuitable medicines in cases of this sort. We do not even know precisely what they mean by that word of many meanings, “gout,” for a number of very different painful diseases of

the limbs and joints, attended by many accessory symptoms, are called by one and the same name.

And so undiscriminating ordinary medicine idly asserts buckbean has cured a number of other pathological affections (which in nature never occur in the same manner), yet when we examine for ourselves the so-called observations, some twenty, thirty or fifty other powerful remedies were employed at the same time, or mixed up together, showing in the most palpable manner the incorrectness of the assertion that buckbean did good. Even when, as very rarely happened, it was used by itself in some cases of disease, and seemed to be of use all by itself, there is seldom anything worthy of imitation to be learned from these instances, because it was not administered on intelligible grounds but in a sort of random way, and the case of disease said to have been cured stands, like every other case, all alone by itself in nature, and an exactly identical case never occurs, consequently it never comes under our treatment.

The accurate knowledge of the pure, peculiar, morbific effects of individual drugs on the healthy human subject can alone teach us *in an infallible manner* in what morbid states, even if they have never previously been seen, a medicine, accurately selected according to similarity of symptoms, can be employed as an unfailing remedy that shall overpower and permanently extinguish them.

The smallest portion of a drop of the undiluted juice I have found to be an adequate dose for homœopathic employment in every case; further experience will perhaps show that a further dilution will suffice for sensitive persons or children.

MERCURIUS.

This is not the place to estimate the medicinal value of all the mercurial preparations. It would, indeed, be impossible to do this, because even those of them in commonest use have been but little, and those more rarely employed not at all, tested as to their true peculiar action on

the healthy human body. Consequently they cannot be homœopathically selected for particular morbid states with any certainty of a curative effect. This much only does careful proving enable me to express from experience, that they all display in their action a certain general similarity as mercurials; whilst, on the other hand, they differ greatly from one another in their peculiarities, and very much in the intensity of their action on the human health. Especially should it be observed, that all the saline preparations of mercury display a number of little known but generally very active accessory effects, according to the nature of their basic acid, which differ very much from the mild absolute effects of perfectly pure mercury, unaltered by any acid.

Even mercury merely united with fatty substances in the form of ointment excites peculiar effects on the human body,* different from those produced by the internal administration of the mild, pure, semi-oxidized mercury (*æthiops per se*), probably because in the ointment it is chemically combined with fatty acids.

Now, as the homœopathic method rejects all medicinal substances that produce heterogeneous accessory effects in consequence of being combined with something else, I have long endeavored to obtain pure mercury in such a condition that it should be able to display its true, pure, peculiar effects on the human organism in a more powerfully curative manner than all other known preparations and saline combinations.

What a long continued, mechanical succussion of fluid mercury, or as was practiced in ancient times, its trituration with crab's eyes or solution of gum effected very imperfectly, viz., its change into semi-oxide free from acids,

* John Bell complains that he has never succeeded in curing the venereal chancre disease by merely rubbing in mercurial ointment, without being compelled to destroy the chancre by the aid of external remedies. But by the internal use of a mercurial preparation uncombined with any acid, such as the mercurius solubilis (*hydrargyrum oxydulatum nigrum*), the whole disease, including the chancre, is cured, without any external remedy for the latter being required.

this I sought to do in 1787 and 1788, by precipitating it from its solution in nitric acid made in cold, by means of caustic ammonia. This preparation of mercury, distinguished by its black color, was, under the name of *Mercurius solubilis Hahn.* (*Mercurius oxydulatus niger*), preferred in almost all countries to all other mercurials hitherto in use, on account of its much milder, more efficacious antisyphilitic virtues. But a more careful investigation showed me that even this did not possess the highest degree of purity. In fact, its dark black color was rather owing to an excess of the caustic ammonia required for the precipitation of the somewhat over acid nitrate of mercury. But nitrate of mercury with excess of acid generally contains some muriate and sulphate of mercury (which even in very small quantities possess a deleterious acridity). These are concealed by the dark color of the black oxide, are precipitated along with it, and thus render it somewhat impure.

In order to avoid this, in the preface to Mercury in the second edition of the first part of the *Materia Medica Pura*, published in 1822, I directed the mode of preparing a *perfectly pure* precipitate of mercury, obtained by caustic ammonia acting on nitrate of mercury quite free from superfluous acid. This is of a dark grey color; it is a perfectly pure oxide of mercury, like the powder obtained by prolonged succussion of the metallic mercury, and called *cæthiops per se*.

This preparation, being a perfectly pure mercurial medicine, was quite unobjectionable, except that the process for making it required much care and labor.

But as one of the rules of Homœopathy, as also of common sense, enjoins that we should attain our aim in the simplest and shortest way (*quod fieri potest per pauca, non debet fieri per plura*), so in this case the aim is attained in the speediest, easiest, and most perfect manner by acting according to the directions laid down in the second part of the *Chronic Diseases*, p. 5. One grain of perfectly pure mercury (such as is employed for making thermometers) is triturated, as is done with other dry med-

icinal substances, with three times 100 grains of milk sugar for three hours, up to the million-fold powder attenuation (as is described in detail in the place referred to),* and one grain of the last is dissolved in diluted alcohol; this solution is twice succussed, and a drop of this solution is raised through 26 dilution vials to the decillion-fold potency (*hydrargyrum purum potentiatum X*).

One small globule (300 of which weigh one grain), moistened with the last dilution, is the appropriate dose of this very medicinal metal for all suitable cases.

The following symptoms were produced by the administration of the black oxide of mercury (*Mercurius solubilis*), which was generally pure enough to develop mostly pure mercurial symptoms, whereby, as I hope, the knowledge of the peculiar powers of this metal has been increased in no small degree.

They show that if we select Mercury only for such morbid states, the totality of whose symptoms is met with among those of the drug in striking similarity;—when, moreover, we only employ it in the most perfect, pure and highly potentized preparation and in the above named dilution, we shall find in it an indispensable, highly serviceable remedy for very many cases.

But Mercury has been only too often improperly employed in all sorts of diseases in allopathic practice, in which either it was believed that benefit could not be obtained by milder remedies, or where it was taken for granted that induration and obstruction existed which had to be resolved by this metal which was held to be a universal solvent, or where in obstinate ailments, as so many are, a concealed venereal infection was groundlessly imagined to lurk. When aggravation of the symptoms ensued from the daily repeated doses, the Allopath did not ascribe this

* After the trituration of the grain of mercury with the first 100 grains of milk sugar, there still remains on the smooth surface of the porcelain mortar, in spite of the most diligent scraping, a considerable black discoloration, which is almost entirely taken up by the trituration of one grain of the first trituration with a second 100 grains of milk sugar, and is completely effaced by the third trituration.

to the unsuitability of the medicine for the disease, but he usually attributed it to the dose being too small for such a great disease, and he then attacked the patient with larger and more frequently repeated doses of more energetic mercurial preparations (if he wished to produce a very powerful effect he gave corrosive sublimate), he rubbed a quantity of mercurial ointment into the skin, and in this way destroyed life, or at least ruined the health beyond possibility of recovery, in innumerable cases.

But, as we now know, all chronic diseases, with but few exceptions (pure syphilis and sycosis being among these), arise from more or less developed psora; and even where uneradicated syphilis or sycosis is complicated with developed psora, the latter is more and first to be attended to in the treatment. But Mercury (and especially its impure, acrid preparations) can never serve for the radical cure of psora, but must always make it more incurable. This will easily explain the disastrous results of the mercurial treatment of chronic diseases of all sorts.

I leave out of consideration the injudicious treatment by blood letting, by repeated purgatives, by the frequent abuse of Opium in order to allay all sorts of pains, to procure sleep and check diarrhoea and spasms, by Cinchona bark, in order to cut short intermittent fevers and strengthen the patient, in cases where the uncured disease and the squandering of the juices and strength by the doctor were the only causes of the weakness. Apart from these injudicious operations, there is no remedy employed by the Allopaths, who plume themselves on being healers of diseases, whereby the life of patients afflicted with chronic diseases is oftener destroyed than their favorite calomel and corrosive sublimate. How different are the results obtained by Homœopathy in its treatment of the sick!

In it, the smallest dose of the purest Mercury in the above mentioned highest development of potency, demands, on the part of the true disciples of this method of treatment, the most careful selection of the case of chronic disease in which this remedy may be unhesitatingly given.

and in which it is indispensable to the cure. I refer to other cases than to the pure venereal chancre disease (syphilis), uncomplicated with psora, where its employment is positively indicated. In this case, too, one single smallest dose always suffices for the cure of this chronic miasm.

This, the only rational employment of this noble metal, has nothing in common with the abuse of the drug which has for several years past been prevalent in the ordinary method of treatment, where calomel (*Mercurius dulcis*, in which the Mercury, owing to its combination with muratic acid, has other properties very different from its original, specific ones) is blindly employed in almost all diseases, without distinction, in large doses, generally combined with Opium, without any knowledge on the part of the practitioner of the real effects of either the calomel or the Opium, and without any attempt to distinguish the cases in which the former or the latter, or both together, are suited. We may well say that here the irrational practice, Allopathy, has reached its climax. This homicidal practice deserves only condemnation, and is not worth further notice.

The perfect saline combination of Mercury with muratic acid, the *mercurial sublimate* (*corrosive sublimate*, *Mercurius corrosivus sublimatus*) is somewhat better known by reason of its frequent abuse. On account of its solubility in water and alcohol, and hence its capability of being diluted to every degree, it is more adapted for homœopathic use. I have given some of its symptoms further on, which are well worth being added to, that will serve to give some idea of its peculiar action, which is very different from that of pure Mercury. I have found a single dose of a small portion of a drop of the quintillion-fold, or better still, of the decillion-fold dilution, given *alone*, to be almost specific in the common autumnal dysentery. In this case the truth of the homœopathic law of cure is distinctly corroborated.

So also the sulphurous combination of Mercury—Cinnabar—possesses its own peculiar properties, which differ

from those of pure Mercury, though they are not yet well enough ascertained. In the symptoms I have given below I have made a small commencement to the knowledge of its medicinal worth.

When even the purest mercurial preparation causes injurious effects, if administered in unsuitable cases of disease, therefore unhomeopathically, then, according to the character of the untoward symptoms that arise, the antidote will be found either in Hepar sulphuris, Sulphur, Camphor, Opium, Cinchona, or Nitric acid. All these remedies must, however, be given in very small doses, selected in accordance with the symptoms present.

Cases of slow poisoning by Mercury, especially the trembling of gilders, are said to be relieved by electricity.

The symptoms here recorded that have been observed from the administration of the black oxide of mercury are mostly primary effects. Very few of them can with certainty be said to be secondary effects. These are distinguished by painlessness and non-inflammatory character. Among them I reckon, *e. g.*, a kind of hard, cold, painless swelling of the glands and a certain cataleptic paralytic weakness of the muscles.

NUX VOMICA.

There are a few medicines, the majority of whose symptoms correspond in similarity with the symptoms of the commonest and most frequent of human diseases, and hence very often find an efficacious homeopathic employment. They may be termed *polychrests*.

To these belong particularly the Nux vomica seed, which it was formerly feared to employ, because it had hitherto been administered in enormously large doses (a whole grain or several grains) in unsuitable cases of disease, consequently with injurious effects. But it proves the mildest and most efficacious remedy in all the diseases whose symptoms correspond in similarity to the effects Nux vomica is capable of producing in the healthy human

being, when administered in the small doses above indicated.

Some practical instructions may be of use, deduced from the results of the careful experience of many years.

Among these may be mentioned, that it is more frequently required by those persons who are of an anxious, zealous, fiery, hot temperament, or of a malicious, wicked, irascible disposition.

If the menses usually come on some days too soon, and are too copious, the ailments remaining or occurring after their cessation are quite suitable for Nux vomica.

It has been found that this medicine, administered some hours before bed time, acts more gently than when given at other times of the day; but there are exceptions to this rule in cases of urgent necessity. Its administration in the morning on an empty stomach is attended with the most inconveniences in very sensitive persons, for it displays its most frequent and most severe symptoms immediately after waking in the morning.

Next in frequency its symptoms occur soon or immediately after eating and during mental strain. Hence we should do wrong to give it immediately after a meal if we can avoid doing so, and hence, also, no mental labor, no meditations or declamations, no reading or writing should be engaged in immediately after taking it (and the same may be said of the administration of all other medicines). We ought to wait for at least a couple of hours if we would avoid giving its action an improper, injurious direction.

Among other affections, many chronic maladies, also the evil consequences arising from drinking much coffee and wine, especially when the usual mode of life is a sedentary one in close rooms, and those affections caused by prolonged mental labor, find their remedy in this seed; as also several epidemic diseases and other acute fevers, especially such as have heat before the chill or mixed up with it.

Serious ailments from catching cold are often removed by it.

So, also, this medicine is more especially suitable when the patient's state is worse in the morning and when he

wakes up about 3 A. M., and must lie for several hours awake with intrusion of irrepressible ideas, and only involuntarily falls into a sleep full of oppressive dreams when the morning is far advanced, from which he wakes more fatigued than when he lay down at night, and is lazy about getting up; as also for those who several hours before bedtime in the evening cannot forbear sleeping, even while seated.

In this, as in some other medicines, we meet with symptoms which seem to be completely or partially antagonistic to one another, *alternating actions*, which at the same time are primary actions, and which make *Nux vomica* very applicable and efficacious for a number of morbid states.

When, on account of the dose being too large, or on account of unhomœopathic employment, it causes considerable ill effects, its action may be speedily completely removed by a little wine, brandy, and Camphor. For the headache and anorexia it causes, the appropriate antidote is coffee; for the paralytic symptoms it produces *Coccus*; for the over sensitiveness and dyspnoea induced by it, *Aconite*; and for the great crossness and irascibility, *Chamomilla*.

Physicians who have hitherto been in the habit of imagining and evolving from their own fancy in their studies the powers of drugs and their antidotes, indicated vinegar and other vegetable acids as the surest antidotes to *Nux vomica* and other powerful vegetable substances. As regards *Nux vomica* this is contrary to all the experience that I have had the opportunity of obtaining on men and animals.

OPIUM.

It is much more difficult to estimate the action of Opium than of almost any other drug.

In the primary action of small and moderate doses, in which the organism, passively as it were, lets itself be affected by the medicine, it appears to exalt the irritability

and activity of the voluntary muscles for a short time, but to diminish those of the involuntary muscles for a longer period; and while it exalts the fancy and courage in its primary action, it appears at the same time to dull and stupefy (the external senses) the general sensibility and consciousness. Thereafter the living organism in its active counter action produces the opposite of this in the secondary action: diminished irritability and inactivity of the voluntary, and morbidly exalted excitability of the involuntary muscles, and loss of ideas and obtuseness of the fancy, with faint heartedness along with over sensitiveness of the general sensibility.

In large doses the symptoms of the primary action not only rise to a far more dangerous height, but they pass from one to another with impetuous rapidity, often mingled with secondary actions or quickly passing into the latter. In some persons certain symptoms are more conspicuous, in others other symptoms.

No medicine in the world suppresses the complainings of patients more rapidly than Opium, and misled by this, physicians have made immense use (abuse) of it, and have done enormous and wide spread mischief with it.

Were the results of the employment of Opium in diseases as beneficial as its employment is common, there would be no medicine by which patients would be so often cured as by Opium. *But exactly the opposite of this is universally the case.*

Its enormous power and rapid action imply that an uncommon amount of knowledge of its actions and an uncommonly accurate judgment and appreciation of it must be required in order to employ it medicinally, if we would use it in a *really beneficial manner, which is impossible without making a homœopathic application of it.*

Hitherto Opium has been almost exclusively employed antipathically or palliatively, and hardly any but its primary actions have been opposed to the contrary morbid states, *contrariis curentur*—except when the physician prescribed (by mistake? or *numinis afflatus?*) in a sense exactly opposite to this antiquity hallowed therapeutic rule

of Galen's, and so effected miraculous cures. No medicine in the world has effected more illusory relief, more deceptive concealment and suppression of the morbid symptoms, with consequences more disastrous than the original disease. No medicine in the world has done more harm (with preliminary apparent relief) than this Opium.

Opium has been employed as the supposed chief remedy against all kinds of coughs, diarrhoeas, vomiting, sleeplessness, melancholy, spasms and nervous ailments—and more especially against all kinds of pains without distinction.

But all these innumerable affections are not contained in the primary action of Opium, but just the opposite. Hence we can easily understand how far from permanent, how far from beneficial must be the result of such an employment of this drug in the majority of diseases of the body and mind! And daily experience teaches this.

If in some few cases Opium removes cough, diarrhoea, vomiting, sleeplessness, trembling and so forth, this only happens when these ailments are of recent date or have arisen suddenly in a previously healthy body, and when they are of a slight character. Thus, for example, a cough brought on by a chill, a trembling caused by recent fright,* a diarrhoea suddenly excited by fear, a chill or other trifling cause, vomiting and other symptoms produced by mental excitement, loathing, etc., are sometimes quickly removed by Opium, because it is only necessary that it should suppress these ailments in a superficial and temporary manner, in order to restore to the previously healthy body its freedom to ward off spontaneously all further tendency to these affections, and to continue its former condition of health by its own powers (*vide Organon of Medicine*, 4th edition, § 63, note).

Though Opium succeeds in the palliative suppression of

* Smelling at a globule the size of a mustard seed, moistened with a potentized dilution of Opium, gives almost immediate relief to one who has undergone a violent fright, but only on the condition that he performs the olfaction immediately after the fright has been received. If employed later, it not only brings no relief, it rather does harm.

these rapid trivial ailments in the *few* instances indicated above, it by no means follows that it possesses a true curative power of permanently removing such affections in every case and under all conditions even when they are of a persistent character. It cannot remove them and restore health when they are symptoms of another disease to which Opium does not correspond as a homœopathic remedy in its primary effects, or if they have already lasted a considerable time, because these ailments are not contained in the primary actions of Opium.*

Hence it has hitherto been universally employed in medical practice throughout the whole world, almost always with injurious and disastrous results, in old coughs, persistent diarrhoea, long continued sleeplessness, chronic vomiting, habitual spasms, anxiety and trembling. But when these affections existed for some time in the system and depended on totally different diseases for which Opium is not the homœopathic remedy, they could never, not in one single instance, be cured by Opium, so that permanent health was restored by its use.

In employing Opium in the above mentioned chronic maladies we learn that it effects *only at first* an illusory alleviation, a transient suppression of the affection for a few hours; that it then ceases to alleviate without increasing the size of the dose, that on further increasing the dose it only allays the symptoms for a short time, and even when it does this it creates on the other hand new affections and a much more serious and a worse artificial disease. Verily this is an injurious, though hitherto universally practiced misuse of this gift of God which was created for the removal of quite opposite morbid states.†

*They are only to be found in its secondary action (and in the preliminary, momentary reaction—their reflection—described below).

†For where shall we find a remedy equal to Opium for the most obstinate constipation and for acute fevers, with uncomplaining stupefied sopor, with snoring from a half opened mouth, and twitching of the limbs, with burning heat of the perspiring body, and in several other morbid states *corresponding in similarity* to the primary effects of Opium.

But most striking was the abuse which all physicians over the whole world down to the present time * have made of Opium, in prescribing it as a powerful remedy for *pains* of all sorts, be they ever so old and deeply rooted. It is obviously contrary to common sense, and is almost equal to the folly of a universal remedy, to expect from one single substance the cure of all pains which differ so infinitely among one another. Seeing that the various kinds of pains in diseases differ so much from one another in their seat, in the time and the conditions of their occurrence, recurrence, increase and diminution, etc., it might be supposed that the Creator would not fail to create a large number of different medicines for their cure; for every finite thing can only have a finite, limited sphere of action. But Opium is precisely not one of those pain allaying and curing remedies. *Opium is almost the only medicine that in its primary action does not produce a single pain.* Every other known drug, on the other hand, produces in the healthy human body each its own kinds of pains in its primary action, and hence is able to cure and remove (homœopathically) similar pains in diseases, especially if the other symptoms of the disease correspond in similarity to those observed from the administration of that medicine. Opium alone is unable to subdue homœopathically, *i. e.*,

* Although as long as twenty years ago, I showed incontrovertibly in these very words (in the first edition of the *Organon*, 1810), the misuse universally made by physicians of Opium for pains to be a palpable injury to the well being of patients, yet we have not seen that their conscience was the least touched, and that they abandoned a practice that is as stupid as it is criminal. To such remonstrances they only exclaim that their routine is interferred with, and they abuse and persecute the man who calls attention to their erroneous practice, just as the sinner who feels himself hit by the words of a sermon on repentance only abuses the preacher, without reforming his own conduct. But why should I, who feel an inward call to enunciate such important verities, and who have truth and nature on my side, why should I bother myself about these incorrigible sinners?

‘He who feels he has the power to expose errors and to extend the boundaries of science, is not only under an obligation to do so, but the public is bound to listen to him, even should it be disagree-

permanently, any one single pain, because it does not cause in its primary action one single pain, but the very reverse, namely, insensibility, the inevitable consequence (secondary action) of which is greater sensitiveness than before, and hence a more acute sensation of pain.

Therefore all pains of any duration allayed in a palliative and temporary manner by Opium by means of its stupefying and pain subduing power, return immediately when the stupefying primary action is exhausted, and that at least* as severely as before, as the experience of all observant physicians testifies. These pains, indeed, generally return in a worse degree, and as long as no better plan than this old injurious routine is adopted, they must be again and again allayed, not only by repeated, but by larger doses of Opium, whilst it develops other worse ailments, from which the patient did not suffer previously. Suppressing pain of any considerable duration and intensity by Opium is therefore nothing but quackery—nothing but an imposition on the patient and his friends with illusory relief, to be followed by injurious results that are often disastrous, and not unfrequently fatal, but which are alleged by such practitioners of the non-healing art to be new diseases that they have had no hand in producing.†

able to a whole school which thinks its authority so firmly grounded that it will allow no appeal to nature from its verdict, or which at least does all it can to consign the revolutionary observer to oblivion.”—Fr. Casimir Medicus.

* Thus Willis in his *Pharmacia rationalis*, p. 298, says: “Opiates generally allay the most excruciating pains, and produce insensibility—for a certain time; but when this time is past the pains are immediately renewed, and soon attain their ordinary violence;” and p. 295: “When the duration of the action of Opium is over, the abdominal pains return, having lost nothing of their excruciating character, until we again employ the magic power of Opium.”

† The true (homœopathic) physician never sees in his practice any inflammation of the brain, except at the commencement of the most dangerous forms of typhus fever, which he cures along with its cerebral inflammation; nor does he ever encounter inflammation of the bowels, except in cases of poisoning and strangulated hernia or ileus; but fatal cerebral and intestinal inflammations frequently result from the efforts of the Allopaths to suppress severe headache and intolerable colic by increasing doses of Opium

Chronic diseases only are the test of the genuine healing art, because they do not of themselves pass into health; slight ailments that have come quickly pass away with or without medicine—evidently by the inherent powers of the organism; but with medicines acute diseases must distinctly yield more quickly and permanently than when left to themselves, if what can be called a cure is accomplished.

If Opium sometimes seems to remove pains in acute diseases, this is owing to the very obvious fact that such diseases, if they do not kill, run their course spontaneously in a few days, and disappear together with their pains.

Opium can only seem really to cure pains in those rare cases where it corresponds homœopathically in its other primary effects to the symptoms of the disease, and so removes the disease itself, for then the pains also must naturally depart; but this is only an indirect cure of the pains. For instance, as every dysentery depends on a retention of faeces in the upper part of the intestines, some varieties of it accompanied by heat and stupefaction can be cured by Opium, because these symptoms will be homœopathically removed by the similar primary action of Opium, and as a necessary consequence their attendant pains also, because these generally depend on spasmodic retention of the faeces in the bowels.

In like manner Opium cannot stop the pains of lead colic until it has homœopathically removed the obstinate constipation produced by the lead by virtue of its constipating primary action; in this case also the cure of the pains is indirect and not owing to the stupefying power of the Opium, as it is given in small, not stupefying, doses. But Opium is *never* able to remove pains directly without injury; on the other hand, it is a principal remedy in those stupefactive diseases where the pain of a serious malady is not felt by the patient, as for example, in dangerous bed sores, where the patient, in the stupefied state of his consciousness, cannot complain of any pain, etc.

The painful diseases of acute and chronic character can (whatever the whole world full of antipathic and allopathic

physicians may allege to the contrary) only be cured and altered into health of a permanent character by a medicine which, besides corresponding in similarity in its other primary effects to the symptoms of the morbid state, is at the same time able to excite pains very similar in kind to those observed in the disease. If such a medicine be selected then pain and disease disappear together in a marvellously rapid and permanent manner, when the smallest dose is administered, as is taught in the *Organon of Medicine*, and as experience will convince every one.

But as this method was not employed, and as all kinds of pains were antipathically treated by Opium alone, many injurious results were observed from its use: stupefaction, constipation, and other troublesome and dangerous symptoms which naturally resulted from this inappropriate antipathic employment of it, and these are the peculiar effects of Opium, without which it would not be Opium. But these inevitable disastrous effects of such an employment of Opium were not regarded as being what they actually are, to wit, the essential characteristics of Opium, but as a kind of bad behavior inherent in it, which must be eliminated from it by all sorts of devices, in order to render it innocuous and well behaved. Under this delusion attempts have been made from time to time, for now nearly two thousand years, to do away with this pretended improper action by means of so-called *corringtonia*, so that it should henceforth be taught to allay pains and spasms without producing delirium or constipation, check vomiting and diarrhoea without stupefying, and change chronic sleeplessness into sound sleep without exciting heat, and without leaving behind it headache, trembling, exhaustion, chilliness and prostration.

Hence pungent spices were combined with it in order to prevent the chilling propensity observed in the secondary action, and purgatives and salines were added in order to counteract its constipating misconduct, etc. More especially was it sought to separate from it its crude, and alleged useless and hurtful resin by repeated solution in water, filtration and inspissation, and also to deprive it of the vola-

tile, and supposed poisonous, narcotic quality attached to it by macerating it for months; and practitioners even went so far as to attempt to refine it and render it mild by roasting it over a fire, and in this way they imagined that they had produced a precious panacea for all ailments and troubles, for pains, sleeplessness, diarrhoea, etc., which was free from all the well known evil propensities of Opium.

But they were completely mistaken; by these processes they only made the Opium weaker without altering its nature. Now much larger doses were required in order to obtain the same result, and when these larger doses were administered they always acted just like the original Opium; the new preparation caused the same stupefaction, the same constipation, and so forth, and hence it became evident that Opium possesses no removable bad qualities, just as little as any other medicine, but that its peculiar medicinal powers must ever prove injurious and dangerous when it is employed antipathically in large doses and when it is not understood how to make a homœopathic employment of it;—Opium might be employed in its natural powerful state or, weakened by a number of expensive artificial processes, in the large doses required to produce its antipathic effects.

Opium has this peculiarity more than many other medicines, that in the case of persons unaccustomed to its use and in very excitable subjects, and still more when given in large doses, it sometimes at first displays a transient, often momentary, reaction of a peculiar sort, which, partly on account of its short duration, partly owing to its rarity, and partly owing to its very nature, must not be confounded with its characteristic chief and primary action. These rare, momentary, preliminary reactions correspond almost exactly with the secondary action of the organism upon Opium (and are, so to speak, a reflection of this secondary action): deathly paleness, coldness of the limbs or of the whole body, cold perspiration, timorous anxiety, trembling and despair, mucous evacuations from the bowels, transient vomiting or short cough, and very rarely certain kinds of pain.

Hardly any of the peculiar primary effects of Opium are observed from large poisonous doses, but this initiatory reaction passes at once, as secondary action, to death, as I myself have seen, and as Willis (*Pharm. Rat.*, sect. vii, cap. I, p. 292) relates.

The oriental indulgers in Opium, after sleeping off their Opium intoxication, are always in a state of secondary Opium action; their mental faculties are much weakened by too frequent indulgence in the drug. Chilly, pale, bloated, trembling, spiritless, weak, stupid, and with a perceptible anxious inward malaise, they stagger in the morning into the tavern to take their allowance of Opium pills in order to quicken the circulation of their blood and obtain warmth, to revive their depressed vital spirits, to reanimate their dulled phantasy with some ideas, and to infuse, in a palliative way, some activity into their paralyzed muscles.

The symptoms of Opium arranged below are mostly secondary action and counter action of the organism. Physicians who cannot make up their minds to refrain from making a hurtful use of Opium in large doses for palliative (antipathic) purposes, may be encouraged to do so by a perusal of these horrible secondary effects; their feelings of humanity can hardly fail to be shocked by them, and their conscience roused so as to compel them to do better.

The antidotes to dangerous doses of Opium are tincture of Ipecacuanha, Camphor, but especially strong warm infusion of coffee, introduced in large quantities above and below, accompanied by frictions on the body. But when icy coldness of the body, insensibility, and loss of irritability of the muscular fibres have already set in, a (palliative) warm bath must be resorted to.

When Opium has been given in large doses in order to allay pain and check diarrhoea, and, as not unfrequently occurs, true paralysis of the limbs has been produced, there is no cure for this kind of paralysis, just as paralysis can never be cured by strong electric shocks.

Some of the primary effects of Opium last but a few

hours, others, especially those caused by large doses, last longer when they do not prove fatal.

Opium belongs to those medicines whose primary effects seldom admit of a homœopathic application in human diseases; but when it is so used a small portion of a drop of the decillion-fold potency suffices for a dose.

PULSATILLA.

The homœopathic employment of this, as of all other medicines, is most suitable when not only the corporeal affections of the medicine correspond in similarity to the corporeal symptoms of the disease, but also when the mental and emotional alterations peculiar to the drug encounter similar states in the disease to be cured, or at least in the temperament of the subject of treatment.

Hence the medicinal employment of Pulsatilla will be all the more efficacious when, in affections for which this plant is suitable in respect to the corporeal symptoms, there is at the same time in the patient a timid, *lachrymose* disposition, with a tendency to inward grief and silent peevishness, or at all events a mild and yielding disposition, especially when the patient in his normal state of health was good tempered and mild (or even frivolous and good humoredly waggish). It is, therefore, especially adapted for slow, phlegmatic temperaments; on the other hand, it is but little suitable for persons who form their resolutions with rapidity, and are quick in their movements, even though they may appear to be good tempered.

It acts best when there is a disposition to chilliness and adipsia.

It is particularly suitable for females when their menses usually come on some days after the proper time; and especially also when the patient must lie long in bed at night before he can get to sleep, and when the patient is worse in the evening. It is useful for the ill effects caused by partaking of pork.

When Pulsatilla has been given in too large a dose, or in an unsuitable case, and has consequently produced disagreeable effects, these, according to their peculiar character, may be removed by Chamomilla (particularly when drowsiness, exhaustion, and diminution of the senses are permanent) or by an infusion of coffee (*e. g.*, in the timorous anxiety), or by Ignatia or Nux vomica. The fever, the disposition to weep, and the pains of Pulsatilla with all their after sufferings can be most quickly removed by the tincture of raw coffee.

The proper dose is a small globule moistened with the thirtieth potency, repeated at most every twenty-four hours; in acute diseases the olfaction of a globule the size of a mustard seed is preferable.

RHUS.

Careful consideration and comparison of the symptoms of this remarkable and valuable medicinal substance enable us to perceive a great number of characteristic peculiarities in it.

To mention one only: we observe this curious action (which is found in very few other medicines, and in these never in such a great degree), viz., *the severest symptoms and sufferings are excited when the body or the limb is at rest and kept as much as possible without movement*. The opposite of this, namely, an increase of the symptoms by movement is much more rarely observed. The other remarkable peculiarities will be easily found in the following list of symptoms of Rhus, which are truthfully and faithfully recorded.

When we attentively examine the symptoms of Bryonia, we shall perceive, on the one hand, a strong resemblance to those of Rhus, and, on the other, remarkable contrasts. How striking is the aggravation of symptoms, almost identical with those observed from Rhus during movement of the body in the case of Bryonia, and their amelioration by avoiding all movement—exactly the opposite of what Rhus

does? From the symptoms of these two antagonistic sister remedies we can easily understand how both (each in its place) would prove the most suitable homœopathic remedies for the disastrous pestilence which desolated the countries that were most exposed to the war that raged from the summer of 1813 onwards. No treatment of this typhus that is based upon inferences derived from ordinary therapeutics, as also no other mode of treatment whatever, could do anything for the worst cases (the slighter cases would in any case have recovered by the power of dear nature, though but slowly and with difficulty). It was only the employment of the medicines homœopathically suited to them, viz., Rhus, in alternation with Bryonia (as briefly described by me in the sixth number of the *Allgemeiner Anzeiger der Deutschen* in 1814), that could cure *all* cases of the disease, and which did actually cure them in the hands of careful practitioners; whilst the rest of the medical profession only carried on vain disputation respecting the *presumed internal nature* of the disease, and whilst so occupied allowed their patients in thousands to be gathered to their fathers. If ever there was a triumph for the only true, the homœopathic treatment,* this was one.

The duration of the action of large doses of Rhus extends over six weeks, that of small doses is less proportionally to the smallness of the dose. On account of this long duration of action the preliminary homœopathic aggravation of symptoms is also of longer duration than with most other vegetable drugs; so that in the employment of even the smallest doses we often do not observe the amelioration until after the lapse of twenty-four hours after taking the medicine. Hence, as with every other medicine, so especially in the selection of this one, the homœopathic rule must be strictly followed. The injurious effects of an erroneous selection are often removable by Bryonia, sometimes by Sulphur, at other times by Camphor or

* Of 183 cases treated by me in Leipzig not one died, which created a great sensation among the Russians, then ruling in Dresden, but was consigned to oblivion by the medical authorities.

raw coffee, according to the untoward symptoms produced.

After multiplied and repeated experience, I can assert that if we would act with certainty we should never employ homœopathically the pure undiluted juice, not even in chronic maladies or for patients who are otherwise robust. It should only be used in very high dilution (in accordance with careful trials during many years, the decillion-fold dilution). The strongest dose should never exceed a very minute globule moistened with the thirtieth dilution (X). And it is even preferable to employ a single olfaction of a globule, twenty of which weigh one grain, on account of the mildness of this mode of administration, while its curative efficacy is just as great. The ordinary allopathic practitioner who knows nothing about the administration of vegetable drugs unless in drachms, scruples, or, at all events, grains and whole drops, may, in his ignorance, sneer at this. Pure experience and conscientious, unprejudiced observations can and must be the only judge in such an important matter as the treatment of disease.

Of late years multiplied experience has taught me that Rhus is the most efficacious and the specific remedy for the frequently fatal effects of over lifting, inordinate exertions of the muscles and contusions. One single olfaction of a globule, the size of a mustard seed, moistened with the thirtieth potency effects a magical cure.

SARSAPARILLA.

Because this root has some resemblance in external appearance to the root of the carex arenaria, the teachers of Materia Medica recommended the latter to be used in diseases instead of Sarsaparilla, because, stupidly imagining that the root of the carex was quite as good if not better than Sarsaparilla, and the carex was an indigenons plant, whereas the Sarsaparilla was a foreign drug, it was to be preferred from *patriotic* motives. This is a sample of the ordinary capricious conduct of our beloved teachers of

Materia Medica, and illustrates the honorable and rational mode in which the medicines of the *materia medica* have come to be vaunted on account of their pretended virtues, viz., by the arbitrary decrees of writers on *Materia Medica!* They reasoned thus: because *carex arenaria* is indigenous and has a stronger taste (which, however, differs *toto cælo* from that of *Sarsaparilla*) it ought to have the preference, for it must possess the same powers, as is evident from its similar long thin shape. Consequently, the similar form of the two roots proves that their powers must be identical! An excellent inference, altogether worthy of the ordinary *Materia Medica!* And what pure peculiar effects do the one and the other possess so that we may know in what morbid states the one or the other may be employed with the certainty of a happy result? Not a syllable of information on this point.

In the following list I make a small commencement to reveal the peculiar action of the root of *Sarsaparilla* in some symptoms observed from its administration. From this will be seen in some degree, what good homeopathic employment may be made of it, and that it is false to say that it is inert. It seems to lose the greater part of its medicinal powers by boiling. Apparently it acts for more than two weeks in a single not too small dose. For homeopathic use the undiluted tincture in the dose of one drop is much too strong.

SPONGIA.

That remarkable swelling of the thyroid gland of the neck called goitre, which is peculiar to the inhabitants of deep valleys and their termination in plains, which arises from a concurrence of apparently tolerably identical causes, though most of these are unknown to us, constitutes a malady which is almost always uniform in its nature, for which a medicine, if it has in one case been proved serviceable, must be so always and in every case (specific).

But the ordinary medical school did not know how to

obtain a knowledge of medicines *a priori*, before their administration in diseases, and knew not for what morbid states they would and must be curative, and consequently it prescribed them in a blind sort of way in diseases, several medicines at once, *always in mixtures*. Hence the ordinary school was unable to discover any certain remedies for chronic ailments, not even for diseases that always remained the same. Hence common folk had to look to themselves for help, but this they could only obtain in the slowest and most tedious way in the world, namely, by incessantly trying all sorts of simple substances which chance offered them, whereby after some millions of fruitless trials at last a remedy came into their hands, which having once been of use, must assuredly be always serviceable in diseases of fixed character and identical nature. Thus medicine has to thank this thorough trial by the common folk of all conceivable medicinal substances, for the few surely curative drugs for such diseases as are always the same, that is, arising from identical causes and hence of fixed character. The ancient medical school that thinks itself so wise could not do this for itself, as we see.

In this way thousands of years might have elapsed ere the ordinary domestic medical practice, after innumerable trials of drugs, at length lighted upon roasted sponge as the remedy for this troublesome ailment, the goitre, and found it to be a specific for the disease. At all events, we find it first mentioned a specific for goitre in the thirteenth century by Arnald von Villanova.

The medical art then reaped where it had not sowed, and appropriated this discovery of common folk. But as it has ever held simplicity to be dishonorable, it mixed the roasted sponge when employing it as a remedy for goitre with a number of other substances,* always varying them, in order as it declared in its learned way, to act as adjuvants to the sponge, but in reality this only spoilt its action. The mixture, on account of these perturbing additions,

* In the *Pharmacopœa Augustana*, for example, the sponge is mixed with other ingredients are added, and so the actual efficacy of the sponge, which is the chief ingredient, is deteriorated.

often proved useless, or if it still did good, then in course of time the good effects were ascribed by subsequent practitioners to the auxiliary ingredients, so that at length it was not known which was the efficacious ingredient in the prescription. Thus roasted sponge, owing to this quackish but learned addition of other drugs, gradually lost its reputation, and, indeed, sometimes disappeared altogether from the goitre remedy, so that at length roasted sponge was dropped out of many modern works on *Materia Medica* as a useless thing. So the distinguished medical school, by means of its learned mixture art, succeeded once more in destroying and burying in oblivion a truth which the unsophisticated experience of the common folk had discovered by an infinity of tedious trials carried on during thousands of years. This is a little specimen of the benefits which have been bestowed on the human race by the ordinary medical art.

But granting that practitioners of the ordinary stamp knew the original value of roasted sponge in the treatment of the goitre of residents in valleys, how can they apply the other great curative virtues of this medicinal substance in many other morbid states that *do not occur in a uniform manner*, when they do not know or scorn to follow the only sure way to discover the pure powers of drugs, experimentation on the healthy? The most powerful antidote of roasted sponge is Camphor.

Homœopathy has found the most remarkable remedial employment of roasted sponge in that frightfully acute disease *membranous croup*, guided thereto partly by other symptoms of this medicine, but chiefly by symptom 231. The local inflammation, however, should first be diminished or removed by the exhibition of an extremely small dose of Aconite.* The accessory administration of a small dose of Hepar sulphuris will seldom be found necessary.

* The smaller the drug doses in acute and the most acute diseases, the more quickly do they effect their action. In the case above alluded to one single olfaction of a globule the size of a mustard seed moistened with the thirtieth dilution of Aconite juice, fulfils this object in the best and most complete manner.

TARAXACUM.

This plant, like many others, has been wrongfully administered in diseases in enormous quantities, on merely theoretical grounds, as a remedy of universal every day use.

On account of its milky juice it was theoretically assumed that it must act like a soap, and as soap chemically dissolves all sorts of substances in a vessel, so dandelion must dissolve in the interior of the *living* body whatever the practitioner was pleased to imagine existed in the diseased human system of a viscid, inspissated and obstructive character.

Had the pure powers of dandelion to effect changes in the human health been ever tested, and had it thus been experimentally ascertained what peculiar morbid states it was able characteristically to produce, and had then a pure therapeutic trial been made of this plant, *administered alone*, in any case of disease, and it had been found to effect a rapid and permanent cure, it would have been seen convincingly on comparing the totality of the symptoms of the disease cured by this remedy with the morbid symptoms dandelion can produce in the healthy body, that this plant *can only cure in virtue of its symptoms being similar to those of the case of disease, and that it could not fail to cure it in accordance with the eternal homœopathic law of nature*, and that for that very reason it could not be of use in those morbid states the like of which dandelion is not able to produce.

A knowledge of this fact would have converted practitioners, had they been capable of being converted, from a belief in their imaginary indication of an internal, non-existent, pathological obstruction monster, which they pretended had to be dissolved.

The following pure pathogenetic symptoms of dandelion, which are far from complete, may perhaps help to dispel this pathologico-therapeutical self-deception. But they will do more, for they will teach us *a priori* for what mor-

bid cases this vegetable juice will be and must be a sure remedy, and prevent us torturing patients for whom it is unsuitable (unhomœopathic) in a useless and injurious manner by giving it in large doses, as has hitherto been done.

When this drug is suitable from its homœopathic similarity, we require to give it in the dose of scarcely a single drop of the juice in order to effect a cure. The juice as prepared above is much preferable to the officinal extract, which by prolonged stirring in a copper kettle is rendered impure by admixture with this metal.

THUJA.

No serious medicinal employment has been made in Europe before now of this plant, which somewhat resembles in external characters the *Juniperus Sabina*; for what Parkinson and Hermann say of it is evidently mere theoretical speculation, after the fashion of the dear old *Therapia generalis*. According to Boerhaave its distilled water has been found useful in dropsical diseases. According to Kalm it is popularly employed in North America as an external remedy in some undefined pains of the limbs.

The following elements of artificial diseases, the pure effects of this uncommonly powerful medicinal substance, will be regarded by the homœopathic practitioner as a great addition to his medicinal treasury, and he will not fail to make a useful application of them in some of the most serious diseases of mankind, for which hitherto there has been no remedy. For example, he will perceive from these symptoms that the juice of Thuja *must* be specifically useful in that hideous disease arising from impure coitus, the fig warts, if they be not complicated with other miasmata; and experience also shows that Thuja is the only efficacious remedy for them. And for a similar reason it most certainly cures that bad kind of gonorrhœa resulting from impure coitus if it be not complicated with other miasmata.

I employed the decillion-fold dilution of the juice, in the dose of a very small portion of a drop, even in the worst cases.

As the fig wart gonorrhœa is one of the few permanent miasmatic diseases, I was able to test in the most certain manner the degree of efficacy of the higher dilutions of Thuja juice. Thus I found that even the higher dilutions, *e. g.*, the decillion-fold or even the vigesillion-fold dilution (^{xi}, made with sixty diluting vials, each of 100 drops), if each diluting vial were succussed ten times and oftener (that is, with ten or more shakes of a powerful arm), was not weaker in power than the less diluted preparations, nor, on account of the enormously diminished arithmetical fraction, had it sunk to complete powerlessness, to nothing, but, on the contrary, it had rather become even more intensely charged* with the medicinal virtue of Thuja.

Innumerable accurate trials have so completely confirmed this (also with regard to other high fluid medicinal dilutions prepared in a similar way) that I can certify to its truth from conviction.

The duration of the action of even the smallest doses is nearly three weeks.

Camphor appears to be the best antidote to mitigate the excessive action of this juice in larger doses.

* The *discovery* that crude medicinal substances (dry and fluid) unfold their medicinal power ever more and more by trituration or succussion with nonmedicinal things, and in greater extent the further, the longer, and the stronger this trituration or succussion is carried on, so that all their material substance seems gradually to be dissolved and resolved into pure medicinal spirit;—this discovery, unheard of till made by me, is of unspeakable value, and so undeniable, that the sceptics, who from ignorance of the inexhaustible resources of nature in the homœopathic dilutions, see nothing but mechanical division and diminution until nothing remains (therefore, annihilation of their medicinal power), must see their error as soon as they appeal to experiment.

VERATRUM ALBUM.

Though the subjoined symptoms indicate a powerful action of this medicinal substance on the human health, a great capacity for effecting changes in it, and consequently show that we may expect great things from its suitable employment, yet the investigation of all its medicinal symptoms is so far from complete, that the following can be regarded as only a fraction of its wealth of pathogenetic effects.

Our modern physicians do not know how to make any good use of this valuable medicine, and, indeed, do not employ it at all, as they are unable to give it in a *justa dosis*, *i. e.*, in drachms and ounces, without killing their patients.

Consequently they must leave uncured those diseases which cannot be cured without this root.

Physicians have no notion of the power possessed by this drug to promote a cure of almost one-third of the insane in lunatic asylums (at all events as a homœopathic intermediate remedy), because they know not the peculiar kind of insanity in which to employ it, nor the dose in which it should be administered in order to be efficacious and yet not injurious.

As there can be no rapid and permanent cure of dynamic diseases, unless by medicines endowed with the dynamic power of producing similar morbid states, as I have shown often enough, so we have only to make ourselves acquainted with the peculiar kinds of insanity in the following observations, regard being paid to the other symptoms, in order to know in which of the manias white hellebore root may be homœopathically employed with good effect.

We must not imitate the ancients in their doses. No doubt many of their patients were cured, but not a few succumbed to their enormous doses. For even in those times, just as nowadays, the delusion existed in the medical art

that diseases depended on a *morbific matter* in the body, and consequently that they could not be cured without the elimination of this (imaginary) morbific matter. Hence the ancients in their treatment of chronic diseases gave their white hellebore root almost always in such doses (a drachm and more of the medicine in the form of coarse sifted powder) as were capable of exciting excessive vomiting, and at last also purgation; and (blinded by the above theory) even those cases in which the patients were cured of their diseases by white hellebore, without undergoing vomiting or purging, failed to convince them that the cures were effected in quite another way than by evacuations upwards and downwards.

It is also quite false that patients affected with emotional and mental diseases as a rule require and bear enormous doses of medicine, as our physicians still imagine. No doubt, allopathic and unsuitably chosen drugs, even in large doses, seem to have but little effect on the grosser part of the organism and the general health of such patients. But in such diseases the general health is but little implicated, and their subjects are often very robust in that respect; as a rule, the malady has settled in the fine invisible organs of the mental and emotional spheres undiscoverable by anatomy (which serve as the *medium* of the purely spiritual soul by which the grosser body is ruled). These subtle organs suffer most in those diseases, it is they that are most morbidly deranged.

When unsuitable, unhomœopathic (allopathic) drugs in large doses were administered to such patients, the more massive body assuredly suffered but little from them (it was often seen that twenty grains of tartar emetic caused no vomiting, etc.); but, on the other hand (and this our physicians did not observe, for, as a rule, they are gifted with but small powers of observations), the mental and emotional organs were all the more severely affected; the mania or melancholia was much aggravated by such violent unsuitable remedies, sometimes even rendered incurable.

On the other hand, it is undeniably true, though not

hitherto suspected, that patients suffering from mental and emotional diseases soon regained a healthy state of their mental and emotional organs, that is to say, perfect recovery of their health and reason, by means of doses as small as those that suffice for other non-psychical maladies, namely, by quite small doses, but only of the appropriate and perfectly homœopathic medicine.

I have never found it necessary to give a dose of more than a single drop, often only a small portion of a drop, of white hellebore tincture, diluted to such an extent that one drop contains a quadrillionth of a grain of this root. This dose may, when necessary, be given to the patient without his knowledge in his ordinary drink—consequently without it being requisite to employ the slightest force, which is always prejudicial in such cases, provided the regimen is so regulated that all the conditions generally required to sustain healthy life are simultaneously enforced, and everything that can interfere with the cure, from heterogeneous medicinally acting food and drink to moral and psychical hindrances, is most carefully eschewed. This is not the place to treat this subject in greater detail.

Paroxysms of pains similar to those the white hellebore root can itself produce, and which always brought the patient for a short time into a sort of delirium and mania, often yielded to the smallest dose of the above solution.

Also in agues which consist of outward cold only, or are attended by only inward heat and dark urine, this root is often employed advantageously, especially when cold sweat of the body or, at least, of the forehead, is present.

In several hypochondriacal affections, as also in certain kinds of inguinal hernia, it is very useful, at all events as an intermediate remedy.

Sudden, grave accidents from taking white hellebore root are most surely removed by a few cups of strong coffee. But if the predominant state is pressive pain in the head with coldness of the body and unconscious sopor, Camphor is the antidote.

If an anxious, distracted state, accompanied by coldness of the body or burning sensation in the brain is present, then Aconite is of service. The other chronic affections caused by the abuse of white hellebore root, *e. g.*, a daily forenoon fever, are best relieved by small doses of Cinchona bark.

HYOSCYAMUS.

When dried the plant loses a great portion of its medicinal powers.

A dose containing a quadrillionth of a drop of the juice, or better, a small portion of such a drop, is more than sufficient for all homœopathic curative purposes when all other foreign irritants and drugs are kept away from the patient.

Frequent smelling at a saturated solution of camphor removes the troublesome effects of hyoscyamus when it has been given in too large a dose or in an unhomœopathic case.

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